American Board of Medical Specialties
Standards for Initial Certification

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Standards for Initial Certification

Introduction

American Board of Medical Specialties (ABMS) board certification represents a rigorous and continuous process of professional assessment and development. Initial certification, usually following residency or fellowship training, marks the beginning of this journey. It embodies a lifelong dedication to professional growth and excellence.

These "Standards for Initial Certification" (IC Standards) promote the design of programs by ABMS Member Boards that ensure physicians and medical specialists entering the certification process possess the knowledge, judgment, skills, and professionalism necessary to deliver high-quality, patient-centered care. Rooted in public trust, professional accountability, and continuous improvement, the IC Standards reflect the evolving expectations of the healthcare system and the diverse patients, families, and communities it serves. They are central to ABMS' mission to improve healthcare through high standards for physician certification and its vision for excellent care for every patient from every board certified physician.

ABMS board certification serves two essential roles. First, it provides an independent, rigorous assessment of a physician's or medical specialist's readiness to practice in a specialty. Second, it offers a trusted credential that patients can rely upon when selecting a healthcare provider. These dual purposes reflect the profession's enduring commitment to both clinical excellence and public accountability.

The IC Standards emphasize collaboration with training programs, integration of core competencies, and the use of multiple methods to support a comprehensive assessment of candidates. They also highlight the importance of ethical conduct, transparency, and fairness throughout the certification process. By upholding these principles, ABMS Member Boards reinforce the integrity of certification and the shared responsibility among certifying boards, educators, and the medical profession to advance the quality of care delivered by board certified physicians.

The IC Standards document is organized into the following sections: General Standards; Professional Standing and Conduct; Education and Training; and Assessment of Knowledge, Judgment, and Skills. Each Standard outlines the essential components of a valid and reliable certification process and reflects the evolution of previous versions of initial certification standards. These IC Standards guide the design and redesign of Member Boards' initial certification programs.

Each Standard is accompanied by a commentary. Commentaries are explanatory and provide rationale, context, and additional considerations; they do not establish new or mandatory requirements.

The foundation of initial certification rests on the integration of six core competencies jointly established by ABMS and the Accreditation Council for Graduate Medical Education (ACGME). These competencies — Practice-Based Learning and Improvement; Patient Care and Procedural Skills; Systems-Based Practice; Medical Knowledge; Interpersonal and Communication Skills; and Professionalism — define the essential attributes physicians must demonstrate to provide high-quality, compassionate, and patient-centered care. While the IC Standards are consistent across all ABMS Member Boards, they are designed to accommodate the unique characteristics of each specialty. By embedding the assessment of these competencies into certification and training programs, Member Boards ensure that physicians are assessed holistically and are prepared to meet the needs of patients and the healthcare system.

General Standards

Preamble

The General Standards provide the structure for ABMS Member Boards' initial certification programs. These are intended to provide rigorous and relevant processes for initial certification that assess the knowledge, judgment, skills, and professionalism of candidates who care for the patients, families, and communities of the United States. The General Standards are intended to establish a framework for assessing candidates' fitness for certification as a mark of the ability to provide high-quality medical care.

Requirements for ABMS Member Boards

1. Six General Competencies

Member Boards must incorporate all six ABMS/ACGME Core Competencies: Patient Care and Procedural Skills; Medical Knowledge; Interpersonal and Communication Skills; Professionalism; Systems-Based Practice (SBP); and Practice-Based Learning and Improvement (PBLI) into their integrated initial certification programs.

Commentary
The Six Core Competencies are recognized as integral to quality patient care. Brief descriptions of the competencies are available in Appendix I. ABMS Member Boards should ensure all six competencies are assessed during training, in the initial certification process, or both. The assessment should serve the needs of patients cared for by their candidates and diplomates and be relevant to practice in the respective specialty. As appropriate, the components of the process for initial certification should harmonize with each other.

2. Collaboration with Training Programs

Member Boards must communicate with training programs and engage in collaborative efforts to uphold their shared responsibility to assess a candidate's suitability for certification.

Commentary
To achieve initial certification in a specialty, candidates must have satisfactorily completed a rigorous program of education and training with an assessment of competencies in the training environment. That training program must be accredited by ACGME or by an organization that meets the ABMS Criteria for Accreditors of Graduate Medical Education (GME) Training Programs (Criteria for Accreditors; see IC Standard 9 below) for certification eligibility. While the program director and faculty should assess all competencies, they have a particular opportunity to assess those competencies that can be best observed in the workplace over time by multiple assessors. Strong consideration should be given to developing and assessing the PBLI and SBP competencies in training through clinical and programmatic quality improvement, patient safety, and patient and community engagement.

Member Boards should encourage training programs to evaluate individual trainees through an assessment framework aligned with outcomes-based or competency based medical education. Given their shared responsibilities, Member Boards and training programs should engage in ongoing collaborative efforts to improve the quality and validity of assessments for both formative and summative purposes. When incorporating novel tools into the assessment process, careful consideration should be given to the potential risks and benefits, with clear rationale and communication about their use and role in decision-making.

3. Eligibility Duration

Member Boards must determine criteria for eligibility, including the duration of the Member Board certification eligibility period.

The expiration date must be no fewer than three and no more than seven years following the successful completion of accredited training.

The expiration date must align with the Member Board requirements plus time in practice required by the Member Board for admission to the certifying examination (if applicable).

Commentary
The eligibility of a candidate to become board certified by an ABMS Member Board is directly related to the recency of their successful completion of an accredited residency program. An indefinite period of candidacy for board certification can denigrate the achievement of those diplomates who have already achieved board certification, undermine the credibility and interpretability of certification as a timely assessment of readiness for practice, introduce variability and potential concerns about current competence for patients and the public, and create challenges for credentialing bodies that rely on certification as a clear and consistent signal of preparedness for independent practice.

“Board Eligibility” is a common term that is used by some, but not all, Member Boards. It refers to the period between the completion of training and achievement of initial certification in a specialty. It is not an official status recognized by ABMS.

In individual instances and for good cause, an ABMS Member Board at its sole discretion may make exceptions to its eligibility rules for a candidate.

Additionally, Member Boards should establish well-defined, transparent, and fair pathways for candidates to re-establish their eligibility should they not achieve certification during their initial eligibility period.

4. Program Evaluation

Member Boards must continually evaluate and improve their initial certification programs using appropriate data, which may include feedback from candidates, training programs, and other stakeholders.

Commentary
Member Boards evaluate initial certification programs on an ongoing basis using a variety of metrics to guide enhancements. Aspects of program evaluation could include assessing the experience of candidates, training program leaders, and other stakeholders. Feedback from other certification stakeholders — professional societies, credentialers, hospitals and health systems, patients, and the public — should also be considered.

Professional Standing and Conduct

Preamble

Professionalism is a system of beliefs and behaviors that foster trust. Medical professionalism is the profession's public declaration of shared competence and ethical values, defining what patients and society can expect from medical professionals. It is central to medicine's social contract and underpins both technical expertise and service to patients, families, and communities. Members of the profession commit to uphold these standards, monitor each other's adherence, and advance an ethical framework grounded in serving patients and the public — not in self-interest.

This commitment includes acquiring and maintaining the knowledge, technical skills, and interpersonal abilities needed for effective practice and collaboration with one's healthcare team, patients, families, and communities. Professionalism also involves applying judgment and values to guide the proper use of specialized knowledge — the "art" of medicine.

These Professional Standing and Conduct Standards address the professionalism and professional standing of candidates for certification by ABMS Member Boards. The public and medical community rely on this certification as a marker of expertise and trustworthiness — a status rooted in the shared value of professionalism among Member Boards.

Requirements for ABMS Member Boards

5. Professional Standing and Conduct

Member Boards must define the expectations for professional standing and conduct and communicate these to their candidates for initial certification.

Commentary
As part of identifying expectations for professional standing and conduct, ABMS Member Boards clearly articulate the expectations in documents that are developed, adopted by, shared, and transparently displayed by the Member Board.

6. Review of Professional Standing

Member Boards must conduct Primary Source Verification of a candidate's license in every state or jurisdiction in which the candidate holds or previously held a license prior to any examination. Any actions by a licensing board or other authorities that signal a violation of the Member Board's professional standing and conduct policies must be reviewed.

Commentary
An unrestricted license serves as primary evidence that the State Medical Board considers a candidate's conduct consistent with jurisdictional expectations for professionalism and the provision of patient care.

Member Boards rely on State Medical Boards as the primary source for determining whether candidates maintain appropriate professional standing and conduct, and require medical licenses held by candidates to be unrestricted.

Member Boards have processes in place to review actions against a license that signal a violation of their professional standing policies. Member Boards are expected to review available information, including restrictions forwarded to the Member Board, and take appropriate action to protect patient safety and the trustworthiness of certification by an ABMS Member Board. Member Boards distinguish between material actions and actions that are administrative rule violations that do not threaten patient care or that are being appropriately monitored and resolved by the regulatory authority.

Member Boards may choose to use any available methods to evaluate professional standing and conduct including through a process facilitated by ABMS.

7. Responding to Issues of Professional Conduct

Member Boards must have policies on professional standing and conduct that define the process for reviewing evidence and acting on credible evidence that reflects a violation of professional norms. Policies must provide due process for candidates which must be communicated to candidates and made available on Member Board websites.

Commentary
ABMS Member Boards generally do not act as the "first investigator" of complaints about a candidate. In some instances, actions taken against a candidate's medical license by a State Medical Board result in a determination of ineligibility for board certification. In other instances, actions taken against a candidate's medical license by a State Medical Board will not preclude eligibility for board certification. ABMS Member Boards will appropriately balance their primary obligation to the public with fairness and due process to candidates. This approach reflects ABMS expectations for professionalism and protection of the public.

ABMS Member Boards with non-physician candidates should establish appropriate mechanisms to address actions taken against the professional licenses of these candidates.

8. Candidate Self-Report

Member Boards must communicate the expectations and process for candidates to self-report any changes in professional standing and the implications for failing to do so.

Commentary
Self-reporting of changes in professional standing is itself an act of professionalism. Candidates for certification need to be aware of the self-reporting requirement according to the specific Member Board's requirement and timeframe.

Education and Training

Preamble

ABMS Board Certification is distinguished by its rigorous expectations for formal, accredited training as a pre-requisite to qualify for certification. Education and Training Standards contribute to better patient care by supporting high-quality graduate medical education and fair, transparent pathways to initial certification. These Education and Training Standards define essential requirements for preparing candidates in their specialty or subspecialty prior to certification. Training to prepare physicians for unsupervised practice is experiential and occurs within the context of the healthcare delivery system, which provides the foundation for achieving specialty and subspecialty certification.

Requirements for ABMS Member Boards

9. Training Requirements

Member Boards must clearly define and articulate the expected outcomes of training, specify the requirements to attain those outcomes, and collaborate with training programs to ensure these requirements are met.

a. Training requirements must address the expected outcomes of training. When considering additional paths to eligibility, achievement of these outcomes must be addressed.

b. The duration of training for initial certification must be deemed sufficient for trainees to be competent and independent providers in the specialty as determined by the Member Board.

c. Training programs must be accredited by the Accreditation Council for Graduate Medical Education (ACGME) or by another organization that meets the ABMS Criteria for Accreditors, except as noted in IC Standard 10.

Commentary
Each ABMS Member Board will establish training requirements for initial certification and determine which programs meet the Member Board's requirements. Requiring residency or fellowship programs to be accredited by the ACGME or another organization that meets the ABMS Criteria for Accreditors assures Member Boards that candidates have completed a training program with appropriate oversight and assessment in all six competency domains under the guidance and supervision of faculty members.

10. Alternative Pathways

Member Boards must inform candidates of all potential pathways to obtain initial certification and may choose to recognize alternate pathways to initial certification for candidates who have not completed training programs accredited by ACGME or another organization that meets the ABMS Criteria for Accreditors.

Commentary
Some examples of common alternative training pathways to initial certification include time-limited practice pathways based on practice experience obtained before a certification is created, research pathways, and international graduate medical education pathways that are deemed to meet the criteria of the ABMS Member Board and the ABMS Position Statement on Alternative Pathways for Initial Certification.

Member Board policies and procedures related to the assessment, credentialing, and approval of candidates from alternative training pathways should be outcome-oriented and not be perceived as arbitrary or capricious. They should be transparent, fair, objective, and equitably available to candidates with comparable credentials.

Assessment of Knowledge, Judgment, and Skills

Preamble

The certification process incorporates assessments that are intended to provide assurance that a candidate has demonstrated the core knowledge, judgment, and skills in the specialty necessary for safe and effective delivery of patient care. The primary purpose of the assessment is to contribute to the determination of whether candidates possess the requisite knowledge, judgment, and skills to assure the public and the profession that the candidate has met the requirements of the specialty.

Requirements for ABMS Member Boards

11. Assessment of Knowledge, Judgment, and Skills

Member Boards must require at least one summative assessment of candidates' core knowledge, judgment, and skills in the specialty.

Commentary
The knowledge, judgment, and skills to be assessed by the Member Board's initial certification examination should be defined and justified for certification in the specialty with a focus on safe and effective practice.

Member Boards may include more than one assessment component when necessary to assess the knowledge, judgment, and skills needed for board-certified practice. Each component should include a publicly available purpose statement and examination specifications, including how scores on components are to be used to reach an overall certification decision and the timing of each component.

12. Examination Procedures, Scoring, and Score Reporting

Member Boards must develop examination procedures that reflect accepted educational standards for examination design, development, administration, reliability, validity, fidelity, scoring, reporting, feedback, and fairness.

Commentary
Examination specifications should be based on exam content that is representative of the credential and be informed by diplomate input. This may be done through a practice analysis or survey of the diplomates of the Member Board. Input may also be sought from the broader educational community, training program faculty, or other stakeholders.

The examination specifications (commonly referred to as the "blueprint") should be made available to candidates in advance of the examination. The Member Board should have a policy for regular review and revision of the examination blueprint and document how closely each examination form adheres to it. The length and sampling of an examination should be sufficient to support reliable and valid inferences regarding candidate competence.

Member Boards should employ a psychometrically validated method to establish and maintain a passing standard and ensure that standards are reviewed and updated, as appropriate, to reflect changes in practice, assessment design, or examination content. Procedures used to score the examination, as well as those used to combine scores on different components of an examination, should be defined and made available to candidates before examination administration. Examinations should possess sufficient internal reliability for reproducible pass/fail decisions. When alternate forms of an examination are used within or across administrations, the forms should be comparable from content and psychometric perspectives, and the same level of performance should be required to pass each of the forms.

Member Boards conducting constructed response examinations — such as oral exams, Objective Structured Clinical Examinations (OSCEs), and performance-based examinations — should provide training to examiners delivering and scoring the examination and should implement appropriate procedures to support the reliability and consistency of assessment outcomes. Such procedures may include examiner calibration, adequate sampling of candidate performance, and evaluation of relevant sources of measurement error. They should ensure that each candidate is assessed on a sufficient number of items by a sufficient number of examiners to obtain reproducible pass/fail decisions. They should take steps to ensure that candidates are not disadvantaged based on factors unrelated to examination performance. When automated scoring methods are used, evidence should be provided to document alignment between human and automated scoring outcomes.

When supported by sufficient reliability, Member Boards should provide each candidate with specific, instructive feedback that identifies their knowledge gaps on examinations, with the purpose of assisting in remediation for those who do not pass. When feedback performance is not possible, Member Boards should indicate this to candidates in advance of taking the examination.

Member Boards should have policies and procedures in place for candidates to request score verifications and for handling appeals following release of the scores.

13. Standardized Administration and Accessibility

Member Boards must conduct administration of examinations in a manner that ensures the integrity of test scores by ensuring the following:

a. The identified examination-taker is, in fact, the person who is taking the examination,

b. Materials and other assistance used during the examination are limited to those provided or approved by the Member Board,

c. Processes and procedures are in place for evaluating applicant requests for accommodations related to pregnancy or nursing, and for disabilities, to ensure compliance with the Americans with Disabilities Act,

d. Actual examination content is protected and secure, and

e. Proprietary information and examination content is not shared by examinees, examiners, or anyone else associated with the examination unless specifically approved by the Member Board.

Commentary
Accommodations are modifications to assessment administration designed to provide equitable access and minimize barriers unrelated to the knowledge, skills, professional behaviors, and readiness for practice being assessed, while maintaining the validity, reliability, security, and intended purpose of the assessment. Accommodations may be provided for disabilities, pregnancy or nursing, and other circumstances consistent with Member Board policies and applicable laws.

Applicants should be provided with information describing the documentation to be submitted with a request for accommodation and the timeframe within which an accommodation decision will be made. Procedures for responding to these requests should be equitable and consistent and should include a mechanism for handling candidate appeals of these decisions.

Member Boards should have well-defined policies in place for dealing with suspected irregularities in examination administration. These should include a procedure for handling candidates' appeals of decisions related to the administration of the examination.

14. Assessment Program Evaluation and Documentation

Member Boards must track and document assessment, item, and examinee performance at regular intervals and employ quality control procedures to address anomalies.

Commentary
Member Boards should adopt appropriate procedures to review the initial certification examination(s) at regular intervals. This may include but is not limited to documentation of procedures for key validation, evaluation of examination forms for sufficient score reliability, monitoring of candidate performance over time, and review of evidence related to fairness, including sufficiently validated psychometric approaches to determining and mitigating potential sources of construct-irrelevant variance.

If possible, Member Boards are encouraged to perform an analysis of examination data that allows identification of specialty-specific knowledge gaps. By sharing these high-level data, training programs and educational organizations may be able to create targeted learning resources for the benefit of the specialty. Summary data should only be shared with essential stakeholders who require the information for service to the profession.

Appendices

Appendix I: Glossary

ABMS/ACGME Core Competencies
The Six Core Competencies, adopted by the American Board of Medical Specialties (ABMS) and Accreditation Council for Graduate Medical Education (ACGME) in 1999, are recognized as integral to quality patient care, and are, as follows:

- Patient Care and Procedural Skills refers to the candidate's use of clinical skills and ability to provide care and promote health in an appropriate manner that incorporates evidence-based medical practice, demonstrates good clinical judgment, and fosters patient-centered decision-making.
- Medical Knowledge refers to the candidate's demonstration of knowledge about established and evolving biomedical, clinical, and cognate sciences, as well as the application of these sciences in patient care.
- Interpersonal and Communication Skills refers to the candidate's demonstration of skills that result in effective information exchange and partnering with patients, their families, and professional associates (e.g., fostering a therapeutic relationship that is ethically sound; using effective listening skills with nonverbal and verbal communication; being mindful of health literacy; and working effectively in a team both as a team member and as a team leader).
- Professionalism refers to the candidate's demonstration of a commitment to carrying out professional responsibilities; adhering to ethical principles; applying the skills and values to deliver compassionate, patient-centered care; demonstrating humanism; being sensitive to diverse patient populations and workforce; and practicing wellness and self-care.
- Systems-Based Practice refers to the candidate's awareness of, and responsibility to, population health and systems of healthcare. The candidate should be able to use system resources responsibly in providing patient care (e.g., good resource stewardship, coordination of care).
- Practice-Based Learning and Improvement refers to the candidate's ability to investigate and evaluate patient care practices, appraise and assimilate scientific evidence, and improve the candidate's own practice of medicine, the collaborative practice of medicine, or both.

ABMS Member Board
Medical specialty board expressly recognized and approved by ABMS as a Member by virtue of its meeting, from time to time, ABMS' criteria for certification and/or continuing certification of physicians and/or medical specialists within that specialty.

ABMS standards and requirements
Standards are requirements for each ABMS Member Board for the design of its initial certification program. Each Member Board should meet each requirement in a manner consistent with the spirit of the standards and in a fashion consistent with its specialty.

Board certification
Board certification is a program of continuing, rigorous professional assessment and development. It begins with initial certification and is sustained as a process of continuing certification, which exemplifies a lifelong dedication to professional growth, excellence in the practice of medicine in the specialty, and a commitment to the ABMS/ACGME Core Competencies.

Candidate
A physician or medical specialist who is considering or in the process of applying for initial certification through one of the ABMS Member Boards.

Competence
The array of abilities across multiple domains or aspects of physician performance in a certain context. Statements about competence require descriptive qualifiers to define the relevant abilities, context, and stage of training. Competence is multi-dimensional and dynamic; it changes with time, experience, and setting.

Diplomate
A diplomate is a physician or medical specialist who is board certified by one or more of the ABMS Member Boards for demonstrated knowledge in a particular medical specialty or subspecialty. Once board certified, the individual may be referred to as a diplomate of the board.

Formative assessment
Assessment of a candidate/diplomate with the primary purpose of providing feedback for learning and improvement and for reinforcement of skills and behaviors that meet established criteria and IC Standards without passing a judgment in the form of a permanently recorded overall score.

Licensure standards
The requirements for physicians and medical specialists regarding professional licensure to practice general medicine, a particular type of medicine (e.g., Administrative Medicine, Academic Medicine, etc.), or a medical specialty in the United States, its territories, or Canada, as outlined in the ABMS Policy on Professional Conduct.

Material (actions, restrictions, lapses)
Material refers to actions, restrictions, or lapses that reflect a risk to patients or that may undermine public trust in the profession.

Member Board
See ABMS Member Board

Primary Source Verification
Verification of a specific credential to determine the accuracy of the qualifications of an individual with the entity with legal responsibility for granting the credential or through the use of industry-recognized verification sources. Refers to Primary Source Verification of licensure that ensures diplomates are in good standing with their licensing board(s). Verification can be obtained through individual state medical boards, the Federation of State Medical Boards, or ABMS.

Professional standing
Professional standing refers to maintaining high standards of professional conduct in the ethical and safe performance of clinical responsibilities. In the absence of widespread measurement of workplace behavior, ABMS operationalizes “professional standing” in terms of the absence of actions by regulatory authorities that signify a breach of professional norms.

Program evaluation
Systematic and ongoing collection and analysis of information related to the design, implementation, and effects of a continuing certification program for the purpose of monitoring and improving the program.

Specialty
A medical specialty is a defined area of medical practice that connotes special knowledge and ability resulting from specialized effort and training in the specialty field.

Subspecialty
A medical subspecialty is an identifiable component of a specialty to which a practicing physician or medical specialist may devote a significant proportion of time. Practice in the subspecialty follows special educational experience in addition to that required for general certification. Two different specialty fields may include two or more similar subspecialty areas. In these cases, the identified subspecialty area might use the same title and even equivalent educational standards.

Summative assessment
Assessment of learning with the primary purpose of establishing whether measured performance meets established standards, permanently recorded in the form of a score.

Appendix II: Development and Implementation of the Standards for Initial Certification

Development of the IC Standards
The first set of Standards for Initial Certification was adopted in 2016. As part of its commitment to ongoing quality improvement, in late 2024, ABMS established the Standards for Initial Certification Workgroup to develop a framework to review this first set of IC Standards.

The workgroup sought feedback from the Member Boards, external stakeholders, and the public during the development of these IC Standards. A draft of the revised IC Standards was presented for public comment from February to April 2026. The Standards for Initial Certification Workgroup reviewed feedback from individuals and organizations. The feedback collected was highly valued and the draft IC Standards was revised to address some of the comments received. This resulted in a final set of Standards that meets the needs of the stakeholders who possess, use, or rely upon the board certification credential as an indicator of a diplomate's skills, knowledge, judgment and professionalism.

Implementation of Programs Consistent with These IC Standards
ABMS recognizes that it may take time for Member Boards to make updates consistent with these IC Standards. For changes to be well received, Member Boards will need sufficient time to communicate with diplomates and other stakeholders.

The IC Standards will take effect on January 1, 2028.

Determination of Compliance with the IC Standards
The ABMS Committee on Certification (COCERT) oversees the review process for Member Board initial certification programs. Member Boards are held accountable to the public, each other, diplomates, and external stakeholders by the review process led by COCERT. This review process reflects a continuing Quality Improvement philosophy that emphasizes the sharing of best practices among the Member Boards.

Appendix III: From Collaboration to Certification: The Founding of ABMS

In 1933, representatives from the founding specialties (of Dermatology, Obstetrics and Gynecology, Ophthalmology, and Otolaryngology) and the major physician, hospital, medical education, and examination groups of the time met to talk about the education and certification of medical specialists. Together, they were inspired to build a national system of standards for recognizing specialists and providing information to the public.

Consensus was reached to establish a uniform system for specialty boards to administer examinations developed by experts from within the specialty. The group further concluded that the value of these boards would be maximized by establishing an advisory committee or counsel created by the representatives from the official specialty boards. The result was the formation of the Advisory Board for Medical Specialties (today's ABMS), which created the framework for standards of excellence in the various specialties that physicians pursue and upon which the public relies.

To assure the public of their ability to stay current in their knowledge and skills, physicians seek certification and continue to meet standards for continuous learning and assessment throughout their professional careers. The process of certification, once involving occasional continuing medical education courses and periodic assessment, now involves an ongoing cycle of learning and assessment. It places a greater emphasis on professionalism, patient safety, and performance improvement.

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