

**2003-2004 ABIM  
BOARD OF DIRECTORS**

**Ralph I. Horwitz, MD**  
*Chair, 2003-2004*

**Troyen A. Brennan, MD**  
*Chair-elect, 2003-2004*

**James R. Patterson, MD**  
*Secretary-Treasurer, 2000-2004*

**Christine K. Cassel, MD**  
*President*

**F. Daniel Duffy, MD**  
*Executive Vice President*

**Joseph S. Alpert, MD**  
**Sharon Anderson, MD**  
**Richard J. Baron, MD**  
**Robert L. Danner, MD**  
**Richard D. deShazo, MD**  
**Lawrence S. Friedman, MD**

**Heather E. Gantzer, MD**  
**David J. Gullen, MD**  
**John A. Hardin, MD**  
**John E. Heffner, MD**  
**David B. Hellmann, MD**  
**Holly J. Humphrey, MD**  
**Daniel S. Klein, MD**

**Wendy S. Levinson, MD**  
**Patrick J. Loehrer, Sr., MD**  
**Steven R. McGee, MD**  
**Hyman B. Muss, MD**  
**Kenneth S. Polonsky, MD**

**John Popovich, Jr., MD**  
**David B. Reuben, MD**  
**W. Michael Scheld, MD**  
**Janet A. Schlechte, MD**  
**Dorothy Sherwood, MD**  
**Donald E. Wesson, MD**  
**Laura F. Wexler, MD**  
**Beverly Woo, MD**  
**Kenneth K. Wu, MD, PhD**

# Policies and Procedures for Certification

## *July 2003*

American Board  
of Internal Medicine



**American Board of Internal Medicine**  
510 Walnut Street, Suite 1700  
Philadelphia, PA 19106-3699  
215-446-3500 800-441-2246, Ext. 3593  
Fax: 215-446-3590  
Email: [request@abim.org](mailto:request@abim.org)  
[www.abim.org](http://www.abim.org)

P1-070103

PROMOTING  
EXCELLENCE IN  
HEALTH CARE

Copyright © July 2003, American Board of Internal Medicine



PROMOTING  
EXCELLENCE IN  
HEALTH CARE

## TABLE OF CONTENTS

Introduction . . . . .	1
Requirements for Certification in Internal Medicine . . . . .	2-8
Requirements for Certification in Subspecialties and Added Qualifications . . . . .	9-17
Certification Using the Research Pathway . . . . .	18-19
Special Training Policies . . . . .	20-21
Other Policies . . . . .	21-25
ABIM Recertification Program . . . . .	25
Schedule of Examinations . . . . .	26-27
ABIM Publications . . . . .	28

---

The Board's decision about a candidate's eligibility for certification is determined by the policies and procedures described in this document. This edition of *Policies and Procedures* supersedes all previous publications. **The Board reserves the right to make changes in its fees, examinations, policies, and procedures at any time without advance notice.**

Admission to the Board's examinations will be determined under policies in force at the time of application.

July 2003

## **INTRODUCTION**

The American Board of Internal Medicine was established in 1936 and is a private, not-for-profit corporation. Its members are elected by the Board of Directors and serve two-year terms. The Board receives no public funds and has no licensing authority or function.

The mission of the ABIM is to enhance the quality of health care available to the American public by continuously improving the process and maintaining high standards for certifying internists and subspecialists who possess the knowledge, skills, and attitudes essential for the provision of excellent care.

Certification by the ABIM recognizes excellence in the discipline of internal medicine, its subspecialties, and areas of added qualifications. Certification is not a requirement to practice internal medicine, and the Board does not confer privileges to practice. The ABIM does not intend either to interfere with or to restrict the professional activities of a licensed physician based on certification status.

The ABIM administers the certification and recertification processes by (1) establishing requirements for training and self-evaluation, (2) assessing the professional credentials of candidates, (3) obtaining substantiation by appropriate authorities of the clinical competence and professional standing of candidates, and (4) developing and conducting examinations for certification and recertification.

All ABIM certificates issued in 1990 (1987 for Critical Care Medicine and 1988 for Geriatric Medicine) and thereafter are valid for 10 years. Dates of validity are noted on the certificates. Certificates issued before these dates are valid indefinitely.

## **REQUIREMENTS FOR CERTIFICATION IN INTERNAL MEDICINE**

To receive a certificate in internal medicine, a physician must complete the required predoctoral medical education, meet the postdoctoral training requirements, demonstrate clinical competence in the care of patients, meet the licensure requirements, and pass the Certification Examination in Internal Medicine.

### **Predoctoral Medical Education**

Certification candidates who graduated from medical schools in the United States or Canada must have attended a school that was accredited at the date of graduation by the Liaison Committee on Medical Education (LCME), the Committee for Accreditation of Canadian Medical Schools, or the American Osteopathic Association.

Graduates of international medical schools must have either a permanent (valid indefinitely) certificate from the Educational Commission for Foreign Medical Graduates, or comparable credentials from the Medical Council of Canada.

### **Graduate Medical Education (GME)**

To be admitted to the Certification Examination in Internal Medicine physicians must have completed, by *August 31* of the year of examination, 36 months of graduate medical education accredited by the Accreditation Council for Graduate Medical Education (ACGME), the Royal College of Physicians and Surgeons of Canada, or the Professional Corporation of Physicians of Quebec. Residency or research experience occurring before completion of the requirements for the MD or DO degree cannot be credited toward the ABIM's requirements.

The 36 months of residency training must include (1) a minimum of 12 months of internal medicine training at the R-1 level, and (2) a minimum of 24 months of training in an accredited internal medicine program, including 12 months at the R-2 level and 12 months at the R-3 level.

### **Content of Training**

The 36 months of full-time medical residency education must include:

- (1) At least 30 months of training in general internal medicine, subspecialty internal medicine, critical care medicine, geriatric medicine, and emergency medicine. Up to four months of the 30 months may include training in primary care areas (e.g., neurology, dermatology, office gynecology, or orthopedics);
- (2) Up to three months of other electives approved by the internal medicine program director; and
- (3) Up to three months of leave for vacation time, parental leave, or illness. Vacation or other leave cannot be forfeited to reduce training time.

In addition, the following requirements for direct patient responsibility must be met:

- (1) At least 24 months of the 36 months of residency education must occur in settings where the resident personally provides, or supervises junior residents who provide, direct care to patients in inpatient or ambulatory settings.
- (2) At least six months of the direct patient responsibility on internal medicine rotations must occur during the R-1 Year.

## Clinical Competence Requirements

The Board requires documentation that candidates for certification in internal medicine are competent in patient care (medical interviewing, physical examination, and procedural skills), medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

Through its tracking process, the Board requires program directors to complete clinical competence evaluations each spring for internal medicine residents. A candidate may be excluded from an ABIM examination if the required components of clinical competence are not satisfactorily documented by the training program.

As outlined in the table on page 5, all residents must receive satisfactory ratings in overall clinical competence and moral and ethical behavior in each year of training. In addition, residents must receive satisfactory ratings in each of the components of clinical competence during the final year of required training. It is the resident's responsibility to arrange for any additional training required.

## Procedures Required for Internal Medicine

For certification in internal medicine, the ABIM requires that candidates must be judged competent by their program director in the procedures listed below (continued on page 6):

1. Interpreting electrocardiograms
2. Performing the following procedures; understanding their indications, contraindications, and complications; and interpreting their results:
  - Advanced cardiac life support
  - Abdominal paracentesis
  - Arterial puncture
  - Arthrocentesis

<b>PROGRAM DIRECTOR RATINGS OF CLINICAL COMPETENCE</b>	
<b>COMPONENTS and RATINGS</b>	<b>R-1 and R-2</b>
<b>Overall Clinical Competence</b>	
Satisfactory	Full credit
Marginal	Full credit for one marginal year. Repeat one year if both R-1 and R-2 are marginal
Unsatisfactory	No credit, must repeat year
<b>Moral and Ethical Behavior</b>	
Satisfactory	Full credit
Unsatisfactory	Repeat year or, at the Board's discretion, a period of observation will be required
<b>Clinical Competence*</b>	
Satisfactory	Full Credit
Unsatisfactory	No credit, must repeat year

*\*The six required components are: (1) patient care (which includes medical interviewing, physical examination, and procedural skills), (2) medical knowledge, (3) practice-based learning and improvement, (4) interpersonal and communication skills, (5) professionalism, and (6) systems-based practice.*

- Central venous line placement
- Lumbar puncture
- Nasogastric intubation
- Pap smear and endocervical culture
- Thoracentesis

The Board recommends three to five as the minimum number of directly supervised, successfully performed procedures; confirmation of proficiency is not credible with fewer procedures.

### **Credit in Lieu of Standard Training for Internal Medicine Candidates**

#### **Training Completed Prior to Entering Internal Medicine Residency**

The Board may grant credit for some or all of the 12-month requirement at the R-1 level for training taken prior to entering training in internal medicine, as outlined below. Only the director of an accredited internal medicine residency program may petition the Board to grant credit in lieu of standard R-1 internal medicine training. *No credit may be granted to substitute for 24 months of accredited R-2 and R-3 internal medicine training.*

- (1) Month-for-month credit may be granted for satisfactory completion of internal medicine rotations taken during an accredited non-internal medicine residency program if all of the following criteria are met:
  - (a) the internal medicine training occurred under the direction of a program director of an accredited internal medicine program;
  - (b) the training occurred in an institution accredited for training internal medicine residents; and
  - (c) the rotations were identical to the rotations of the residents enrolled in the accredited internal medicine residency program.

- (2) For trainees who have satisfactorily completed at least 12 months of accredited training in another specialty, the Board may grant:
  - (a) month-for-month credit for the internal medicine rotations that meet the criteria listed under (1) above;
  - (b) a maximum of six months credit for the training in a family practice or pediatrics program; or
  - (c) a maximum of three months credit for training in a non-internal medicine specialty program.
- (3) Up to 12 months credit may be granted for at least three years of U.S. or Canadian accredited training in another clinical specialty, and certification by an ABMS member Board in that specialty.\*
- (4) Up to 12 months credit may be granted for at least three years of verified internal medicine training abroad.\*

#### **Training Completed Abroad By Current Full-Time U.S. or Canadian Faculty**

Full-time internal medicine faculty members in an LCME-accredited medical school or an accredited Canadian medical school may qualify for admission to the Certification Examination in Internal Medicine if they:

- (1) are proposed by the chair or program director of an accredited internal medicine residency program;\*
- (2) have completed three or more years of verified internal medicine training abroad;

\* Requires a fee of \$250. Guidelines for proposals are available from the Board.

- (3) hold an appointment at the level of Associate Professor or higher at the time of proposal; and
- (4) have completed eight years, after formal training, as a clinician-educator or a clinical investigator in internal medicine with a full-time appointment on a medical school faculty.

### **Training in Combined Programs**

The ABIM recognizes internal medicine training combined with training in the following programs:

- Dermatology
- Emergency Medicine
- Emergency Medicine/Critical Care Medicine
- Family Practice
- Medical Genetics
- Neurology
- Nuclear Medicine
- Pediatrics
- Physical Medicine and Rehabilitation
- Preventive Medicine
- Psychiatry

Guidelines for the combined training programs and requirements for credit toward the ABIM Certification Examination in Internal Medicine are available upon request.

## **REQUIREMENTS FOR CERTIFICATION IN SUBSPECIALTIES AND ADDED QUALIFICATIONS**

### **General Requirements**

In addition to the primary certificate in internal medicine, the Board offers subspecialty certificates and certificates of added qualifications. Subspecialty certificates are offered in Cardiovascular Disease; Endocrinology, Diabetes, and Metabolism; Gastroenterology; Hematology; Infectious Disease; Medical Oncology; Nephrology; Pulmonary Disease; and Rheumatology.

Certificates of added qualifications recognize special expertise in areas that have a fundamental practice-oriented relationship to an underlying discipline, and are offered currently in Adolescent Medicine, Clinical Cardiac Electrophysiology, Critical Care Medicine, Geriatric Medicine, Interventional Cardiology, and Sports Medicine. Diplomates must maintain a valid underlying certificate to obtain certification and be eligible for recertification in an added qualification. Information regarding each of the added qualifications examinations is available upon request.

To become certified in a subspecialty, physicians must have been previously certified in internal medicine by the ABIM. To certify in an added qualification, a physician must hold a currently valid certificate in the underlying discipline. For all subspecialties and areas of added qualifications, a physician must also have completed the requisite training, demonstrated clinical competence in the care of patients, met the licensure requirements, and passed the secure examination for that discipline.

No credit will be granted toward certification in a subspecialty or area of added qualifications for training that is not accredited by the ACGME, the Royal College of Physicians and Surgeons of Canada, or the Professional Corporation of Physicians of Quebec.

Fellowship training taken before completing the requirements for the MD or DO degree, training as a chief medical resident, practice experience, and attendance at postgraduate courses may not be credited toward the requirements for subspecialty certification.

To be admitted to an examination, candidates must have completed the required training in the subspecialty or area of added qualifications by *October 31* of the year of examination.

Candidates for certification in the subspecialties must meet the Board's requirements for duration of training as well as minimum duration of clinical training. Clinical training requirements may be met by aggregating full-time clinical training that occurs throughout the entire fellowship training period; clinical training need not be completed in successive months. Educational rotations completed during training may not be double counted to satisfy both internal medicine and subspecialty training requirements.

### **Training and Procedural Requirements**

The total months of training required, including specific clinical months, and requisite procedures for each subspecialty and area of added qualifications are outlined by discipline on pages 10-13.

#### **Minimum Months of Training/ Clinical Months Required**

<b><u>Subspecialty/AQs</u></b>	<b><u>Total Training</u></b>	<b><u>Clinical Months</u></b>
Cardiovascular Disease <sup>1</sup>	36	24
Gastroenterology <sup>2</sup>	36	18
Critical Care Medicine; Endocrinology, Diabetes, and Metabolism; Hematology; Medical Oncology; Nephrology; Pulmonary Disease; and Rheumatology	24	12
Adolescent Medicine	24	---

<sup>1</sup>Two years of accredited cardiovascular disease training are required for candidates who initiated fellowship training prior to June 1990.

<b><u>Subspecialty/AQs</u></b>	<b><u>Total Training</u></b>	<b><u>Clinical Months</u></b>
Sports Medicine; Clinical Cardiac Electrophysiology; Geriatric Medicine; and Interventional Cardiology	12	12

### **Procedural Requirements**

#### **Subspecialties/AQs**

##### *Adolescent Medicine*

No required procedures.

##### *Cardiovascular Disease*

Advanced cardiac life support (ACLS), including cardioversion; electrocardiography, including ambulatory monitoring and exercise testing; echocardiography; arterial catheter insertion; and right-heart catheterization, including insertion and management of temporary pacemakers.

##### *Clinical Cardiac Electrophysiology*

Electrophysiologic studies both with a catheter and intraoperatively; catheter-based and other ablation procedures; and implantation of pace makers, and cardioverters-defibrillators (a minimum of 150 intracardiac procedures in at least 75 patients, of which 75 are catheter-based ablation procedures, including postdiagnostic testing, and 25 are initial implantable cardioverter-defibrillator procedures, including programming).

##### *Critical Care Medicine*

Maintenance of open airway; oral/nasal intubation; ventilator management, including experience with various modes; insertion and management of chest tubes; advanced cardiac life support (ACLS); placement of arterial, central venous, and pulmonary artery balloon flotation catheters; and calibration and operation of hemodynamic recording systems.

<sup>2</sup>Two years of accredited gastroenterology training are required for candidates who initiated fellowship training prior to June 1996.

## **Subspecialties/AQs Procedural Requirements (cont.)**

### *Endocrinology, Diabetes, and Metabolism*

Thyroid aspiration biopsy.

### *Gastroenterology*

Proctoscopy and/or flexible sigmoidoscopy; diagnostic upper gastrointestinal endoscopy; colonoscopy, including biopsy and polypectomy; esophageal dilation; therapeutic upper and lower gastrointestinal endoscopy; and liver biopsy.

### *Geriatric Medicine*

No required procedures.

### *Hematology*

Minimum 1/2 day per week in continuity outpatient clinic; bone marrow aspiration and biopsy, including preparation, staining, examination, and interpretation of blood smears, bone marrow aspirates, and touch preparations of bone marrow biopsies; measurement of complete blood count, including platelets and white cell differential, using automated or manual techniques with appropriate quality control; administration of chemotherapeutic agents and biological products through all therapeutic routes; and management and care of indwelling venous access catheters.

### *Infectious Disease*

Microscopic evaluation of diagnostic specimens including preparation, staining, and interpretation; management, maintenance, and removal of indwelling venous access catheters; and administration of antimicrobial and biological products via all routes.

### *Interventional Cardiology*

A minimum of 250 therapeutic interventional cardiac procedures during 12 months of accredited interventional cardiology fellowship training.

## **Subspecialties/AQs Procedural Requirements (cont.)**

### *Medical Oncology*

Minimum 1/2 day per week in continuity outpatient clinic; bone marrow aspiration and biopsy; administration of chemotherapeutic agents and biological products through all therapeutic routes; and management and care of indwelling venous access catheters.

### *Nephrology*

Placement of temporary vascular access for hemodialysis and related procedures; acute and chronic hemodialysis; peritoneal dialysis (excluding placement of temporary peritoneal catheters); continuous renal replacement therapy (CRRT); and percutaneous biopsy of both autologous and transplanted kidneys.

### *Pulmonary Disease*

Oral/nasal intubation; fiberoptic bronchoscopy and accompanying procedures; ventilator management; thoracentesis and percutaneous pleural biopsy; arterial puncture; placement of arterial and pulmonary artery balloon flotation catheters; calibration and operation of hemodynamic recording systems; supervision of the technical aspects of pulmonary function testing; progressive exercise testing; and insertion and management of chest tubes.

### *Rheumatology*

Diagnostic aspiration of and analysis by light and polarized light microscopy of synovial fluid from diarthrodial joints, bursae, and tenosynovial structures; and therapeutic injection of diarthrodial joints, bursae, tenosynovial structures, and entheses.

### *Sports Medicine*

No required procedures.

## Clinical Competence Requirements

The Board requires documentation that candidates for certification in the subspecialties are competent in (1) patient care (which includes medical interviewing, physical examination, and procedural skills), (2) medical knowledge, (3) practice-based learning and improvement, (4) interpersonal and communication skills, (5) professionalism, and (6) systems-based practice.

Through its tracking process, the Board requires verification of subspecialty fellows' clinical competence from both the subspecialty training program director and the chair of the department of medicine.

As outlined in the following table, all fellows must receive satisfactory ratings of overall clinical competence and moral and ethical behavior in each of the required years of training. In addition, fellows must receive satisfactory ratings in each of the components of clinical competence and the requisite procedures during the final year of required training. It is the fellow's responsibility to arrange for any additional required training.

### Program Director Ratings of Clinical Competence

<u>Components and Ratings</u>	<u>Any Year of Fellowship Training</u>
<b>Overall Clinical Competence</b>	
Satisfactory	Full credit
Unsatisfactory	No credit, must repeat year
<b>Moral and Ethical Behavior</b>	
Satisfactory	Full credit
Unsatisfactory	Repeat year or, at the Board's discretion, a period of observation will be required.
<b>Components of Clinical Competence*</b>	
Satisfactory	Full credit
Unsatisfactory	Must repeat year if during final year of required training

\*The six components are: (1) patient care (which includes medical interviewing, physical examination, and procedural skills), (2) medical knowledge, (3) practice-based learning and improvement, (4) interpersonal and communication skills, (5) professionalism, and (6) systems-based practice.

## Dual Certification Requirements

### **Hematology and Medical Oncology**

Dual certification in Hematology and Medical Oncology requires three years of accredited training which must include: (a) a minimum of 18 months of clinical training; (b) a minimum of 12 months in the diagnosis and management of a broad spectrum of neoplastic diseases including hematological malignancies; and (c) a minimum of six months of training in the diagnosis and management of a broad spectrum of non-neoplastic hematological disorders.

During the entire three years, the fellow must attend a minimum of one-half day per week in continuity outpatient clinic.

The ABIM recommends that the three years of training be taken in a combined program in the same institution which is accredited by the ACGME, the Royal College of Physicians and Surgeons of Canada, or the Professional Corporation of Physicians of Quebec. If the combined training must be taken in two different programs, 24 continuous months must be in one institution, and both institutions must be accredited in hematology and medical oncology.

Candidates must complete all three years of required combined training before being admitted to an examination in either subspecialty. Those who elect to undertake an examination in one subspecialty following only two years of fellowship training will be required to complete four years of accredited training for dual certification. Candidates who have completed all three years of required combined training may take the Hematology and Medical Oncology examinations in the same year or in different years.

### **Pulmonary Disease and Critical Care Medicine**

Candidates seeking dual certification in Pulmonary Disease and Critical Care Medicine must complete a minimum of three years of accredited combined training, 18 months of which must be clinical training. Critical Care Medicine is an added qualification to the subspecialty of Pulmonary Disease; thus, certification in Pulmonary Disease must be achieved before the candidate is eligible to apply for admission to the Critical Care Medicine Examination.

### **Rheumatology and Allergy and Immunology**

Dual certification in Rheumatology and Allergy and Immunology requires a minimum of three years of training, which must include: (a) at least 12 months clinical rheumatology supervised by the director of an accredited rheumatology training program, (b) weekly attendance for 18 consecutive months in an ambulatory care program supervised by rheumatology faculty, which must include continuity of patient care within ambulatory clinics, and (c) at least 18 months of allergy and immunology training supervised by the training program director of an accredited program in allergy and immunology. Plans for combined training should be prospectively approved in writing by both the rheumatology and the allergy and immunology training program directors and by the ABIM and the American Board of Allergy and Immunology. Admission to either examination requires (1) certification in internal medicine, (2) satisfactory clinical competence, and (3) completion of the entire three-year combined program.

Candidates seeking dual certification for other subspecialty combinations should contact the ABIM for information.

### **Special Candidates for Subspecialties and Added Qualifications**

---

ABIM Diplomates in internal medicine may be proposed for special consideration for admission to a subspecialty or added qualifications examination by the program director of an accredited fellowship program if they:

- (1) have completed the full training required by ABIM in the subspecialty or area of added qualifications in another country;
- (2) are a full-time Associate Professor or higher in the specified subspecialty division of the Department of Medicine in an LCME-accredited medical school or an accredited Canadian medical school;
- (3) have served eight years, after formal training, as a clinician-educator or clinical investigator with a full-time appointment on a medical school faculty; and
- (4) possess a valid, unrestricted license to practice medicine in a state, territory, commonwealth, province, or possession of the United States or Canada.

Guidelines for proposing candidates for special consideration for admission to the subspecialty and added qualifications examinations are available upon request. Proposals require a fee of \$250.

## **CERTIFICATION USING THE RESEARCH PATHWAY**

The Research Pathway is intended for trainees planning academic careers as investigators in basic or clinical science. The pathway integrates training in clinical medicine with three years of training in research methodology. Although prospective planning of this pathway by trainees and program directors is necessary, prospective approval by the Board is no longer a requirement. *However, program directors must document the clinical and research training experience each year through the Board's tracking program.* The chart on page 19 describes the Research Pathway requirements.

The Research Pathway requires a minimum of 36 months of research training in which 80% of time is devoted to research and, at most, 20% time to clinical work. During the entire three years the trainee must attend a minimum of one half-day per week in continuity outpatient clinic.

The Board defines research as scholarly activities intended to develop new scientific knowledge. The research experience of trainees should be mentored and reviewed. Unless the trainee has already achieved an advanced graduate degree, training should include completion of work leading to one or its equivalent. The last year of research training may be taken in a full-time faculty position if the level of commitment to mentored research is maintained at 80%.

During internal medicine research training, 20% of each year must be spent in clinical experiences including a half-day per week in a continuity clinic. During subspecialty research training, at least one half-day per week must be spent in an ambulatory clinic. Ratings of satisfactory clinical performance must be maintained annually for each trainee in the ABIM Research Pathway.

### **Internal Medicine Research Pathway**

Internal medicine training	24 months
(Direct patient responsibility)	20 months)
Research training (80%)	36 months
Ambulatory clinics during research training (10%)	~ 1/2 day per week
Additional clinical training during research (10%)	~ 1/2 day per week
Total training	5 years
Internal medicine examination	August, R-5

### **Subspecialty Research Pathway**

Internal medicine training	24 months
(Direct patient responsibility)	20 months)
Subspecialty clinical training (80%)	12-24 months*
Research training (80%)	36 months
Ambulatory clinic during research training (10%)	~ 1/2 day per week
Total training	6 or 7 years*
Internal medicine examination	August, R-4
Subspecialty/AQ examination	November, R-6 or 7

*\*based on subspecialty*

For additional information, contact the Board.

## **SPECIAL TRAINING POLICIES**

### **Disclosure of Performance Information**

For trainees planning to change programs, the Board expects the trainee to request that a written evaluation of past performance be sent by the previous program to the new program. Upon request by the new program director, the Board will provide (when available) a summary of the previous performance ratings and the total credits accumulated toward the Board's training requirements for certification. At the trainee's request, the Board will provide the new program director with comments or other information obtained from previous training programs.

### **Due Process for Evaluations**

The responsibility for the evaluation of a trainee rests with the program, not with the Board. The Board is not in a position to re-examine the facts and circumstances of an individual's performance. As required by the ACGME in its *Essentials of Accredited Residencies in Graduate Medical Education*, the educational institution must provide appropriate due process for its decisions regarding a trainee's performance.

### **Leave of Absence and Vacations**

Trainees may take up to one month per year of training for vacation, parental or family leave, or illness (including pregnancy-related disabilities). Training must be extended to make up any absences exceeding one month per year of training. Vacation leave is essential and must not be forfeited to compensate for any reason, including extended illness, late starts, or parental leave.

### **Reduced-Schedule Training**

Interrupted full-time training is acceptable, provided that no period of full-time training is shorter than one month. In any 12-month period, at least six months should be spent in training. Patient care

responsibilities should be maintained in a continuity clinic during the non-training component of the year. Board approval must be obtained before initiating an interrupted training plan. Part-time training, whether or not continuous, is not acceptable.

## **OTHER POLICIES**

### **Board Eligibility**

The Board does not use, define, or recognize the term "Board Eligible." Admissibility to certifying examinations is not affected by prior examination attempts, nor does it have a time limit. Candidates will be admitted to certifying examinations provided they meet all requirements as set forth in this publication.

The Board will routinely report through the website, mail, or fax whether candidates are certified (including dates) or not certified. If a Diplomate was previously certified, this fact and dates of former certification will be reported. If certification is revoked, the Board will report certification status as "Revoked." If certification is suspended, the Board will report "Not Certified."

On a candidate's written request to the Board, the following information will also be reported: (1) that an application is currently in process; and/or (2) the year the candidate was last admitted to examination.

### **Professional Standing of Practitioners**

Every four years following formal training, the Board requires verification that candidates for certification are recognized as specialists or subspecialists in good standing. Verification is sought from the chief of the medical service at the institutions(s) where the candidate's principal staff appointment is held. Any challenge to good standing, including charges made by a licensing board, must be resolved

locally to the Board's satisfaction before admission to the examination. For example, substance abuse, criminal convictions related to medical practice, or substantial disciplinary action by the institution may lead to deferred admission or rejection.

### **Confidentiality Policy**

The ABIM considers the certification or recertification status of its Diplomates to be public information.

The ABIM provides information about a Diplomate's certification status, city and state of residence, and social security number to the Federation of State Medical Boards (FSMB) and the American Board of Medical Specialties (ABMS) which publishes *The Official ABMS Directory of Board Certified Medical Specialists*. The FSMB and ABMS use social security numbers as a unique internal identifier and do not provide them to anyone without the authorization of the Diplomate.

The ABIM provides residency training directors with information about a resident's prior training and pass/fail status on certifying examinations. The ABIM uses performance on examinations and other information for research purposes. In these instances, the Board does not identify specific individuals, hospitals or practice associations.

The ABIM reserves the right to disclose information it possesses about any individual whom it judges has violated ABIM rules, engaged in misrepresentation or unprofessional behavior, or shows signs of impairment.

### **Licensure**

All candidates for certification must possess a valid, unrestricted, and unchallenged license to practice medicine in the jurisdiction where they practice. Candidates with licenses that are restricted, suspended, revoked or voluntarily surrendered in lieu of dis-

ciplinary action in a jurisdiction will be denied admission to the certifying examination. Restrictions include but are not limited to conditions, contingencies, probation, and stipulated agreements.

### **Disabled Candidates**

The Board recognizes that some candidates have physical limitations that make it impossible for them to fulfill the requirement for proficiency in performing procedures. For such individuals, the procedural skills requirement may be waived. Program directors should write to the Board for an exception before the individual enters training or when the disability becomes established.

The Board is committed to offering suitable examination accommodations for all candidates, including individuals with disabilities. When necessary, alternative arrangements under conditions comparable to those provided for other candidates are offered to disabled individuals. Candidates who need accommodation for a disability during an examination must provide a written request to the Board at the time of application for examination. The Board will then inform the candidate of the documentation that must be received by the Board no later than the examination registration deadline. Reapplication for special accommodation is not required for each examination administration unless a new accommodation is requested. The Board treats requests for accommodations as confidential. For additional information about the process and documentation requirements, please contact Dwan King at 800-441-2246, extension 3502 or [dking@abim.org](mailto:dking@abim.org).

### **Substance Abuse**

If a candidate or a Diplomate has a history of substance abuse, documentation of at least one year of continuous sobriety from a reliable monitoring source must be submitted to the Board for admission to an examination or for recertification. The Board treats such information as confidential.

## **Suspension and Revocation of Certificates**

The Board may, at its discretion, revoke certification if the Diplomate was not qualified to receive the certificate at the time it was issued, even if the certificate was issued as a result of a mistake on the part of the Board. It may also revoke the certificate if the Diplomate fails to maintain moral, ethical, or professional behavior satisfactory to the Board or engages in misconduct that adversely affects professional competence or integrity. It may revoke or suspend the certificate if (1) the Diplomate made any material misstatement of fact or omission of fact to the Board in connection with application or to any third party concerning the Diplomate's certification status; or (2) the Diplomate's license to practice medicine has been revoked, suspended, restricted, or surrendered in lieu of disciplinary action, in any jurisdiction. Reinstatement of suspended certification requires licensure without restriction in the jurisdiction(s) where the physician practices.

## **Irregular Behavior on Examinations**

The Board's examinations are copyrighted and administered in secured testing centers by proctors who are responsible for maintaining the integrity and security of the certification process. Proctors are required to report to the Board any irregular or improper behavior by a candidate, such as giving or obtaining information or aid, looking at the test material of others, removing examination materials from the test center, taking notes, bringing electronic devices (e.g., beepers, pagers, cell phones, etc.) into the examination, failing to comply with time limits or instructions, talking, or other disruptive behavior. Irregular or improper behavior that is observed, made apparent by statistical analysis, or uncovered by other means will be considered a subversion of the certification process and will constitute grounds for invalidation of a candidate's examination.

Other actions that the Board may take at its discretion include exclusion from future examinations and

informing program director(s), licensing bodies, impaired physicians advocacy groups, or law enforcement agencies of ABIM actions.

## **Late Applications**

Candidates are responsible for meeting registration deadlines. The schedule of examination dates appears on pages 26-27. There is a non-refundable \$300 late fee for any application postmarked between December 2, 2003 and February 1, 2004 for the August 2004 Internal Medicine Examination and the July Sports Medicine Examination. Late fees are charged between April 2, 2004 and June 1, 2004 for the November 2004 subspecialty and added qualifications certification examinations.

## **Re-examination**

Candidates who are unsuccessful on any certification examination may apply for re-examination. There is no restriction on the number of opportunities for re-examination. Once admitted to an examination, candidates will be considered to have fulfilled the training requirements for future examinations in that discipline. All candidates for re-examination must meet the requirements for licensure status and professional standing.

## **RECERTIFICATION PROGRAM**

The ABIM recertification program, Continuous Professional Development (CPD), provides certified internists and subspecialists a means to demonstrate professional accountability by meeting standards for medical knowledge, clinical skills, and clinical performance. The CPD program has three components: (1) Self-Evaluation, (2) Secure Examination, and (3) Verification of Credentials. The program can be completed at the Diplomate's own pace over ten years. Diplomates are encouraged to enroll in the CPD program at least by the fourth year of their existing certificate. For more information, contact the Board.

## 2004 SCHEDULE OF EXAMINATIONS

Examinations	Examination Date(s)	Registration Period	Late Registration Period	Fees (U.S.)	Cancellation Deadline	Refund
Internal Medicine	Aug. 24-25	Sept. 1- Dec. 1, 2003	Dec. 2, 2003- Feb. 1, 2004	\$950	June 1, 2004	\$825
Sports Medicine	July	Sept. 1- Dec. 1, 2003	Dec. 2, 2003 - Feb. 1, 2004	\$1,185	Mar. 1, 2004	\$1,060
Cardiovascular Disease	Nov. 3-4	Jan. 1- Apr. 1, 2004	Apr. 2 - June 1, 2004	\$1,185	Sept. 1, 2004	\$1,060
Clinical Cardiac Electrophysiology Critical Care Medicine Endocrinology, Diabetes, and Metabolism Gastroenterology Geriatric Medicine Hematology Infectious Disease Interventional Cardiology Medical Oncology Nephrology Pulmonary Disease Rheumatology	Nov. 3	Jan. 1- Apr. 1, 2004	Apr. 2 - June 1, 2004	\$1,185	Sept. 1, 2004	\$1,060
Recertification	May 4	Dec. 1, 2003 - Mar. 1, 2004		\$995*	March 1, 2004	Varies**
	Nov. 3	June 1- Sept. 1, 2004		\$995*	Sept. 1, 2004	Varies**

**NOTES:**

It is the sole responsibility of the candidate to be aware of and comply with registration deadlines.

The Adolescent Medicine examination will be administered in 2005; exact date to be determined.

- \* Registration/Credentialing Fee \$110
- Self-Evaluation Module Fee \$120/module (minimum of 5)
- Secure Examination Fee \$285/  
exam administration

\*\*Contact ABIM for more information

## **ABIM PUBLICATIONS**

The following publications are available from the ABIM upon request at no charge. These are not designed to aid in preparation for examinations. To request a publication, send an email to [request@abim.org](mailto:request@abim.org) or call 800-441-2246.

For information about the ABIM certification examinations, request:

- *Registering for the Certification Examination in Internal Medicine*
- *Registering for the Certification Examination in Subspecialties of Internal Medicine*

The Board has a fact sheet with information about each Certificate in Added Qualifications of:

- *Adolescent Medicine*
- *Clinical Cardiac Electrophysiology*
- *Critical Care Medicine*
- *Geriatric Medicine*
- *Interventional Cardiology*
- *Sports Medicine*

For information about the ABIM Research Pathway, request:

- *Guidelines and Criteria for the ABIM General and Subspecialty Internal Medicine Research Pathway*

The Board offers several tools to assist program directors, faculty, and trainees with the evaluation process:

- *Mini-CEX: Clinical Evaluation Exercise*
- *Documentation Log Book for Internal Medicine Procedures*
- *Residents: Evaluating Your Clinical Competence in Internal Medicine*
- *Attending Physicians: Your Role in Evaluating Internal Medicine Residents*
- *Competencies for Attending Physicians*
- *Competencies for Residents*

For information about the ABIM Recertification Program (CPD), request:

- *Recertification: Continuous Professional Development Program*

For other ABIM Publications,  
visit our web site at [www.abim.org](http://www.abim.org)