American Board of Internal Medicine®

MAY 2023

POLICIES & PROCEDURES

FOR CERTIFICATION

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INTRODUCTION

To answer the public call to establish more uniform standards for physicians, the American Board of Internal Medicine (ABIM) was founded more than 80 years ago. Certification by the ABIM has stood for the highest standard in internal medicine and its 20 subspecialties. ABIM is one of 24 medical specialty boards that make up the American Board of Medical Specialties (ABMS). It is not a membership society, but a physician-led non-profit, independent evaluation organization driven by doctors who want to achieve higher standards for better care in a rapidly changing world. ABIM receives no public funds and has no licensing authority or function. Our accountability is both to the profession of medicine and to the public.

Certification is a continuous process of lifelong learning. ABIM does not confer privileges to practice, nor does ABIM intend either to interfere with or to restrict the professional activities of a licensed physician based on certification status.

ABIM administers its certification process 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 and other assessments.

Internists and subspecialists certified in or after 1990 remain certified through ABIM's Maintenance of Certification (MOC) program. Participation in MOC means that a physician is demonstrating that s/he participates in certain continuing learning and education activities. Participating ABIM Board Certified physicians regularly (at least every two years) complete approved MOC activities using a structured framework created by their peers for keeping up with and assessing knowledge of the latest scientific developments and changes in practice and in specialty areas. Those certified prior to 1990 hold certifications that are valid indefinitely but are strongly urged to participate in MOC. For all diplomates, in addition to reporting board certification, ABIM will report if they are participating in the MOC program (i.e., engaging in MOC activities frequently).

For diplomates certified prior to 2013, ABIM will honor time remaining on all 10-year certifications. ABIM Board Certified physicians will continue to be certified for the length of their current certification(s), assuming they hold a current and valid license.

- For those newly certified in Internal Medicine: You will be issued a certificate, which will remain valid as long as you are meeting the requirements of the Maintenance of Certification program. Therefore, those that are newly certified and wish to continue to be reported as "Certified, Participating in MOC" must be meeting ongoing program requirements. Upon passing the exam, you will receive a waiver for the first year of the annual MOC fee.
- For those in a fellowship program: Upon successful completion of an eligible fellowship year and ABIM's receipt of your evaluation from your program director via FasTrack, you will receive 20 MOC points and a one-year MOC fellowship fee credit. Fellowship years are eligible for credit if they are accredited by the Accreditation Council for Graduate Medical Education (ACGME), the Royal College of Physicians and Surgeons of Canada, or the Collège des médecins du Québec, received a rating of at least Satisfactory, and completed in an ABIM subspecialty. Fee credits will be granted upon receipt of an eligible training evaluation and will be applied to your annual MOC fee. Unaccredited training years either before or during fellowship do not qualify for the MOC credit.
- For those certified in an ABIM subspecialty: You will be issued a certificate which will remain valid as long as you are meeting the requirements of the Maintenance of Certification Program. If you wish to be reported as "Certified and Participating in MOC", you must be meeting ongoing program requirements.

For information about the Maintenance of Certification program and to learn how you can participate in MOC, visit abim.org or call 1-800-441-ABIM.

Eligibility for certification is determined by the policies and procedures described in this document and on the ABIM website (abim.org). This edition of *Policies and Procedures for Certification* supersedes all previous publications, and the ABIM website (abim.org) supersedes the information found here. ABIM reserves the right to make changes in its fees, examinations, policies, and procedures at any time without advance notice. Admission to ABIM's certification process is determined by the policies in force at the time of application.

Please note that ABIM enforces certain policies without exception. Requests for exceptions to other ABIM policies must be submitted to ABIM in writing and will be considered by ABIM's Staff Credentials Committee. The decision of the Staff Credentials Committee will be the final decision of ABIM.

REQUIREMENTS FOR CERTIFICATION IN INTERNAL MEDICINE

To become certified in internal medicine, a physician must complete the requisite predoctoral medical education, meet the graduate medical education training requirements, demonstrate clinical competence in the care of patients, meet the licensure and procedural requirements and pass the Certification Examination in Internal Medicine.

Predoctoral Medical Education

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 one of the following: (1) a standard certificate from the Educational Commission for Foreign Medical Graduates without expired examination dates; (2) comparable credentials from the Medical Council of Canada; or (3) documentation of training for those candidates who entered graduate medical education training in the United States via the Fifth Pathway, as proposed by the American Medical Association.

Graduate Medical Education

To be admitted to the Certification Examination in Internal Medicine, physicians must have satisfactorily completed, by August 31 of the year of examination, 36 calendar months, including vacation time, of U.S. or Canadian graduate medical education accredited by the Accreditation Council for Graduate Medical Education (ACGME), the Royal College of Physicians and Surgeons of Canada, or the Collège des médecins du Québec. Residency or research experience occurring before completion of the requirements for the MD or DO degree cannot be credited toward the requirements for certification.

The 36 months of accredited internal medicine residency training must be reported at 12 month intervals according to the Clinical Competence Requirement training tables (see below) No credit is granted for unsatisfactory training that requires repetition of a training year at the same level or for administrative work as a chief medical resident. In addition, training as a subspecialty fellow cannot be credited toward fulfilling the internal medicine training requirements.

TRAINING AND PROCEDURAL REQUIREMENTS

MINIMUM MONTHS OF TRAINING	CLINICAL MONTHS REQUIRED	PROCEDURES
36*	30	• Procedures are essential to internal medicine training; to be eligible for certification, all residents must perform procedures during training. • Not all residents need to perform all procedures. • Program directors must attest to general competence in procedures at end of training. • At the completion of training, residents must have demonstrated effective consent discussions, standard or universal precautions, establishment of a sterile field, and application of local anesthetic as applicable to most procedures a resident may perform. • Residents must have the opportunity to develop competence in procedures which will further their development as fellows in their chosen subspecialty or as independent practitioners in their intended fields if entering practice after residency.

** For deficits of less than 35 days in required training time, ABIM will defer to the judgment of the program director and promotions or competency committee in determining the need for additional training. With program director attestation to ABIM that the trainee has achieved required competence, additional training time will not be required. Trainees cannot make a request to ABIM on their own behalf.*

Content of Training

The 36 calendar months of full-time internal medicine residency education:

(1) Must include at least 30 months of training in general internal medicine, subspecialty internal medicine and emergency medicine. Up to 4 of the 30 months may include training in areas related to primary care, such as neurology, dermatology, office gynecology or office orthopedics.

(2) May include up to three months of other electives approved by the internal medicine program director.

(3) Includes up to three months of leave for vacation time. (See "Leave of Absence and Vacation Policy")

(4) For deficits of less than one month in required training time, ABIM will defer to the judgment of the program director and promotions or competency committee in determining the need for additional training. With program director attestation to ABIM that the trainee has achieved required competence, additional training time will not be required. Trainees cannot make a request to ABIM on their own behalf.

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 less experienced 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.

Procedures Required for Internal Medicine

The exposure to the performance of, and the opportunity to develop competence in, invasive procedures by residents is essential for internal medicine residents' preparation for their subsequent subspecialty fellowship or chosen career path.

As of the 2019–2020 academic year, residents must meet the requirements outlined in the table above to be admitted to the Internal Medicine Certification Examination. Internal medicine graduates will likely perform some invasive procedures in the course of their future training or practice; however, the specific procedures will vary based on subsequent subspecialty, hospitalist or general career path taken. The performance of all invasive procedures requires the ability to facilitate an effective discussion with patients regarding risk and benefit of the procedure before obtaining consent, a critical task that all internists must effectively perform. Internists who perform any invasive procedures must be able to initiate a standardized preparation beforehand including hand washing, donning of sterile gloves, preparation of the procedural field, and application of some form of anesthetic. Procedural competence need not be determined solely by a minimum number of successfully completed procedures but may be customized as appropriate through simulation, direct observation, and other criteria determined by the program director and clinical competency committee.

Clinical Competence Requirements

ABIM requires documentation that candidates for certification in internal medicine are competent in: (1) patient care 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, FasTrack®, ABIM requires verification of candidates' clinical competence from an ABIM certified program director (other ABMS Board and Canadian certification is acceptable, if applicable). See the table on page 3.

In addition, candidates must receive satisfactory ratings in each of the ACGME/ABMS Competencies and the requisite procedures during the final year of required training. It is the candidate's responsibility to arrange for any additional training needed to achieve a satisfactory rating in each component of clinical competence.

As outlined in the table above, all residents must receive satisfactory ratings in overall clinical competence in each year of training. In addition, residents must receive satisfactory ratings in each of the ACGME/ABMS Competencies during the final year of required training. It is the resident's responsibility to arrange for any additional training needed to achieve a satisfactory rating in each component of clinical competence.

PROGRAM DIRECTOR RATINGS OF CLINICAL COMPETENCE

COMPONENTS AND RATINGS	RESIDENTS/FELLOWS: NOT FINAL YEAR OF TRAINING	RESIDENTS/FELLOWS: FINAL YEAR OF TRAINING
Overall Clinical Competence This rating represents the assessment of the resident's development of overall clinical competence during this year of training.		
Satisfactory or Superior	Full credit	Full credit
Conditional on Improvement	Full credit	No credit, must achieve satisfactory rating before receiving credit*
Unsatisfactory	No credit, must repeat year	No credit, must repeat year
Six ACGME/ABMS Competencies** The resident is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in training. They are demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient and equitable care.		
Yes	Full credit	Full credit
Conditional on Improvement	Full credit	No credit, must achieve satisfactory rating before receiving credit*
No	Full credit	No credit, must repeat year

** At the discretion of the program director, training may be extended so that the resident or fellow can attain satisfactory competence in overall clinical competence and/or the six ACGME/ABMS Competencies.*

*** The six ACGME/ABMS Competencies are: (1) patient care and procedural skills, (2) medical knowledge, (3) practice-based learning and improvement, (4) interpersonal and communication skills, (5) professionalism and (6) systems-based practice.*

CREDIT IN LIEU OF STANDARD TRAINING FOR INTERNAL MEDICINE CANDIDATES

Training Completed Prior to Entering Internal Medicine Residency

ABIM may grant credit for up to 12-months of the 36 month internal medicine training requirement for training taken prior to entering training in internal medicine. The program director of an accredited internal medicine residency program must petition ABIM to grant credit in lieu of standard internal medicine training. Before being proposed, the candidate should have been observed by the proposer for a minimum of three months.

(1) Month-for-month credit may be granted for satisfactory completion of internal medicine rotations taken during a U.S. or Canadian 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.

(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 some U.S. or Canadian accredited training in another specialty, ABIM may grant:

(a) month-for-month credit for the internal medicine rotations that meet the criteria listed under (1) above; plus,

(b) a maximum of six months of credit for the training in family medicine or a pediatrics program; or,

(c) a maximum of three months of credit for training in a non-internal medicine specialty program.

(3) Up to 12 months of 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.

(a) Include a non-refundable Special Candidate fee of $300.

(4) Up to 12 months' may be granted for three or more years of training completed abroad prior to entering accredited training in the United States or Canada.

(a) Must demonstrate satisfactory overall clinical competence as an internist.

(b) Must complete a minimum of 18 months of direct patient responsibility.

(c) Must have either a standard certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) without expired examination dates or comparable credentials from the Medical Council of Canada at the time of application for admission to the Certification Examination in Internal Medicine.

(d) Include a non-refundable Special Candidate fee of $300.

Proposals for credit in lieu of standard training must:

- Document the reasons the proposer feels the candidate merits special consideration.
- Include letters from the program directors where prior training was completed documenting the training.
  - Exact from-to dates of training.
  - A brief description of the training.
  - Confirmation of the candidate's satisfactory clinical competence in the program. Please note that ABIM does not accept certificates of completion of training or certification by other certifying boards as fulfilling this requirement.
- Include a copy of the candidate's curriculum vitae and bibliography.
- If applicable, include documentation of certification by an ABMS member board in another clinical specialty.
- Include the candidate's date of birth and Social Security/social insurance number.

International Medical Graduates who are Full-time U.S. or Canadian Faculty

A full-time faculty member at an LCME- or Canadian-accredited medical school, or at an ACGME- or Canadian- accredited residency or fellowship program, who has successfully completed training in internal medicine and/or a subspecialty abroad, may become eligible to achieve ABIM Board Certification in Internal Medicine and/or a subspecialty as a candidate for special consideration. The candidate may not propose themselves for consideration in this pathway, but must be proposed by the Chair of the Department of Medicine, or the internal medicine and/or the subspecialty program director at the institution where the candidate holds a current full-time faculty appointment.

Eligible faculty will have:

- Completed three or more years of verified graduate medical education training in internal medicine and/or a subspecialty abroad.
- An academic rank of Assistant Professor or higher.
- A full-time faculty appointment for a minimum of three (3) immediately prior and consecutive years at the same institution.
- Full-time faculty members are those who supervise and teach trainees (students, residents or fellows) in clinical settings that include direct patient care.
- The appointment must be at an LCME- or Canadian-accredited medical school or at an ACGME- or Canadian-accredited internal medicine residency or subspecialty fellowship training program.

Complete the application form at abim.org/path-a

Program Directors of ACGME-accredited training programs under the Single GME Accreditation System

A program director of an ACGME-accredited residency or fellowship training program under the Single GME Accreditation System who has successfully completed training in internal medicine and/or a subspecialty in an AOA-accredited residency and/or fellowship training program may become eligible to achieve ABIM Board Certification in Internal Medicine and/or a subspecialty as a candidate for special consideration.

Through its tracking process, FasTrack®, ABIM requires verification of trainees' initial certification eligibility criteria from an ABIM-certified program director (other ABMS Member Board and Canadian certification is acceptable, if applicable). In support of the Single GME Accreditation System, ABIM has recognized the need for a transition period, which has been extended through 2023. During this transition period, ABIM will accept attestations for ABIM initial certification eligibility criteria from those who are program directors through the Single GME Accreditation System, but who have not yet become ABIM certified. Beginning in 2024, all attestations to ABIM initial certification eligibility criteria will need to come from program directors who are ABIM certified in the discipline of their program, consistent with ABIM policy.

Eligible program directors will have:

- Designation as the program director of an ACGME-accredited internal medicine and/or subspecialty training program.

Complete the application form at abim.org/path-b

Faculty Members of ACGME Training Programs Accredited under the Single Accreditation System

A faculty member of an ACGME-accredited residency or fellowship training program under the Single Accreditation System who has successfully completed training in internal medicine and/or a subspecialty in an AOA-accredited residency and/or fellowship training program may become eligible to achieve ABIM Board Certification in Internal Medicine and/or a subspecialty as a candidate for special consideration. The candidate may not propose themselves for consideration in this pathway, but must be proposed by the internal medicine and/or subspecialty program director at the institution where the candidate holds the full-time faculty appointment.

Eligible faculty will have:

- AOBIM Certification in Internal Medicine and/or a subspecialty.
- A full-time faculty appointment for a minimum of three (3) immediately prior and consecutive years at the same institution.
- Full-time faculty members are those who supervise and teach trainees (students, residents or fellows) in clinical settings that include direct patient care.
- The appointment must be at an ACGME- or Canadian-accredited internal medicine residency or subspecialty fellowship training program.
- Faculty at ACGME-accredited residency and/or fellowship programs may still qualify if the program became ACGME accredited less than three years ago.

Complete the application form at abim.org/path-c

Graduates of AOA-Accredited Training Programs who have Completed ACGME-Accredited Fellowship Training

A graduate of an ACGME-accredited fellowship program who has successfully completed training in internal medicine in an AOA-accredited residency program may become eligible to achieve ABIM Board Certification in Internal Medicine as a candidate for special consideration. All required subspecialty fellowship training must be completed and evaluated as satisfactory in ABIM's FasTrack Clinical Competence Evaluation System to establish eligibility for ABIM Board Certification in Internal Medicine. Those who pass ABIM's Internal Medicine Certification Examination would then become eligible for subspecialty certification.

AOBIM Certification does not meet the underlying certification requirement for ABIM Board Certification in a subspecialty.

Eligible fellows will have:

- Completed three or more years of verified graduate medical education training in internal medicine in an AOA-accredited residency program and/or certified by the AOBIM.
- Completed all required subspecialty training in an ACGME-accredited fellowship program.
- Satisfactory subspecialty training must be attested for each year of subspecialty fellowship training via ABIM's FasTrack Clinical Competence Evaluation System.

Complete the application form at abim.org/path-d

Training in Combined Programs

ABIM recognizes internal medicine training combined with training in the following programs: Anesthesia; Dermatology; Emergency Medicine; Emergency Medicine/Critical Care Medicine; Family Medicine; Medical Genetics; Neurology; Nuclear Medicine; Pediatrics*; Physical Medicine and Rehabilitation; Preventive Medicine; and Psychiatry.

** While ABIM recognizes combined medicine/pediatrics training, such training initiated July 1, 2007 or after must be undertaken in a combined medicine/pediatrics program accredited by the ACGME.*

Guidelines for the combined training programs and requirements for credit toward the ABIM Internal Medicine Certification Examination are available at abim.org/certification/policies/imss/im.aspx.

REQUIREMENTS FOR CERTIFICATION IN SUBSPECIALTIES

General Requirements

In addition to the primary certificate in internal medicine, ABIM certifies physicians in the following subspecialties:

- Adolescent Medicine
- Adult Congenital Heart Disease
- Advanced Heart Failure and Transplant Cardiology
- Cardiovascular Disease
- Clinical cardiac electrophysiology
- Critical Care Medicine
- Endocrinology, Diabetes, and Metabolism
- Gastroenterology
- Geriatric Medicine
- Hematology
- Hospice and Palliative Medicine
- Infectious Disease
- Interventional Cardiology
- Medical Oncology
- Nephrology
- Neurocritical Care
- Pulmonary Disease
- Rheumatology
- Sleep Medicine
- Transplant Hepatology

At the time of application for certification in a subspecialty, physicians must have been previously certified in Internal Medicine by ABIM.

To become certified in a subspecialty, a physician must satisfactorily complete the requisite graduate medical education fellowship training, demonstrate clinical competence, and procedural skills.

Diplomates must be previously certified in either internal medicine or a subspecialty to apply for certification in:

- Adolescent Medicine
- Hospice and Palliative Medicine
- Sleep Medicine

Diplomates must be previously certified by ABIM in Cardiovascular Disease to apply for certification in:

- Advanced Heart Failure and Transplant Cardiology
- Adult Congenital Heart Disease
- Clinical Cardiac Electrophysiology
- Interventional Cardiology

Diplomates must be previously certified by ABIM in Gastroenterology to apply for certification in:

- Transplant Hepatology

Diplomates must be previously certified by ABIM in Critical Care Medicine to apply for certification in:

- Neurocritical Care

Fellowship training must be accredited by the Accreditation Council for Graduate Medical Education (ACGME), the Royal College of Physicians and Surgeons of Canada, or the Collège des médecins du Québec. No credit will be granted toward certification in a subspecialty for training completed outside of an accredited U.S. or Canadian program.

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 training requirements for subspecialty certification.

To be admitted to an examination, candidates must have completed the required training in the subspecialty, including vacation time, by October 31 of the year of examination.

Candidates for certification in the subspecialties must meet ABIM's requirements for duration of training as well as minimum duration of full-time 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. Time spent in continuity outpatient clinic, during non-clinical training, is in addition to the requirement for full-time clinical training. Educational rotations completed during training may not be double-counted to satisfy both internal medicine and subspecialty training requirements. Likewise, training which qualifies a diplomate for admission to one subspecialty examination cannot be double-counted toward certification in another subspecialty, with the exception of the formally approved pathways for dual certification.

Training and Procedural Requirements

The total months of training required, including specific clinical months, and requisite procedures for each subspecialty, are outlined by discipline in the table below.

MINIMUM MONTHS OF TRAINING/ CLINICAL MONTHS REQUIRED

SUBSPECIALTY	TOTAL MONTHS OF TRAINING	CLINICAL MONTHS
Cardiovascular Disease	36	24
Gastroenterology	36	18
Adolescent Medicine Critical Care Medicine Endocrinology, Diabetes, and Metabolism+ Hematology** Infectious Disease Medical Oncology** Nephrology Pulmonary Disease Rheumatology	24	12
Advanced Heart Failure and Transplant Cardiology Clinical Cardiac Electrophysiology* Geriatric Medicine Hospice and Palliative Medicine Interventional Cardiology Neurocritical Care Sleep Medicine Transplant Hepatology	12*	12
Adult Congenital Heart Disease	24	18

** The total months of training required for fellows beginning their clinical cardiac electrophysiology fellowship training in or after Academic Year 2017–18 will be 24 months. For more information, please visit www.abim.org/certification/policies/imss/ccep.aspx#tpr.*

***Requires a continuity outpatient clinic structured in a way consistent with ACGME requirements.*

Note: For deficits of less than one month in required training time, see "Deficits in Required Training Time" policy on page 11.

Procedures for Subspecialties

Adolescent Medicine

No required procedures.

Adult Congenital Heart Disease

Procedures to be determined.

Advanced Heart Failure and Transplant Cardiology

Procedures to be determined.

Cardiovascular Disease

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

Clinical Cardiac Electrophysiology

Electrophysiologic studies both with a catheter and intraoperatively; catheter-based and other ablation procedures; and implantation of pacemakers, and cardioverters-defibrillators (a minimum of 150 intracardiac procedures in at least 75 patients, of which 75 are catheter-based ablation procedures, including post-diagnostic testing, and 25 are initial implantable cardioverter-defibrillator procedures, including programming). Procedures performed during training in cardiovascular disease may be counted toward fulfilling these requirements provided that they are adequately documented and are performed with supervision equivalent to that of a clinical cardiac electrophysiology fellowship.

The ABIM Council has approved an increase in training requirements for Clinical Cardiac Electrophysiology to two years for fellows beginning training in Academic Year 2017–2018. The following are the procedural requirements for the two-year curriculum.

- *160 catheter ablation procedures, including:*
  - *50 supraventricular tachycardia*
  - *30 atrial flutter/macro-reentrant atrial tachycardia procedures*
  - *50 atrial fibrillation procedures*
  - *30 ventricular tachycardia/premature ventricular contraction ablations*
- *100 cardiac implantable electric device (CIED)-related implantation procedures*
- *30 CIED-related replacement/revision procedures*
- *200 CIED-related interrogation or programming procedures*
- *5 tilt-table tests*

Procedures performed during training in cardiovascular disease may be counted toward fulfilling these requirements provided that they are adequately documented and are performed with supervision equivalent to that of a clinical cardiac electrophysiology fellowship.

Critical Care Medicine

Airway management and endotracheal intubation; ventilator management and noninvasive ventilation; insertion and management of chest tubes, and thoracentesis; advanced cardiac life support (ACLS); placement of arterial, central venous, and pulmonary artery balloon flotation catheters; calibration and operation of hemodynamic recording systems; proficiency in use of ultrasound to guide central line placement and thoracentesis is strongly recommended. Candidates should know the indications, contraindications, complications, and limitations of the following procedures: pericardiocentesis, transvenous pacemaker insertion, continuous renal replacement therapy (CRRT) and hemodialysis, and fiberoptic bronchoscopy. Practical experience is recommended.

Endocrinology, Diabetes, and Metabolism

Thyroid aspiration biopsy

Thyroid ultrasound*

Skeletal dual photon absorptiometry interpretation*

Management of insulin pumps*

Continuous glucose monitoring*

** These new requirements will go into effect for those beginning fellowship in the 2016–17 academic year. Please note that to be eligible for ABIM Endocrinology, Diabetes, and Metabolism certification, fellows graduating in June 2017 will be evaluated on thyroid aspiration biopsy competency only. Endocrinology fellows graduating in June 2018 and after will be evaluated on the above procedures.*

Gastroenterology

Diagnostic and therapeutic upper and lower endoscopy.

Geriatric Medicine

No required procedures.

Hematology

Bone marrow aspiration and biopsy, including preparation, examination and interpretation of bone marrow aspirates and touch preparations of bone marrow biopsies; interpretation of peripheral blood smears, including manual white blood cell and platelet counts; administration of chemotherapeutic agents and biological products through all therapeutic routes; management and care of indwelling venous access catheters; and management of methods of apheresis.

Hospice and Palliative Medicine

No required procedures.

Infectious Disease

No required procedures.

Interventional Cardiology

A minimum of 250 therapeutic interventional cardiac procedures during accredited interventional cardiology fellowship training. Those out of interventional cardiology training three years or more as of June 30 of the year of exam must document post-training performance as primary operator of 150 therapeutic interventional cardiac procedures in the two years prior to application for exam.

Medical Oncology

Bone marrow aspiration and biopsy; administration of chemo-therapeutic 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.

Neurocritical Care

No required procedures

Pulmonary Disease

Airway management including endotracheal intubation; fiberoptic bronchoscopy and accompanying procedures; noninvasive and invasive ventilator management; thoracentesis; arterial puncture; placement of arterial, central venous and pulmonary artery balloon flotation catheters; calibration and operation of hemodynamic recording systems; supervision of the technical aspects of pulmo-nary function testing; progressive exercise testing; insertion and manage-ment of chest tubes; moderate sedation. Proficiency in use of ultra-sound to guide central line placement is strongly recommended.

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.

Sleep Medicine

Ability to interpret results of polysomnography, multiple sleep latency testing, maintenance of wakefulness testing, actigraphy and portable monitoring related to sleep disorders.

Transplant Hepatology

The ABIM Gastroenterology Subspecialty Board has approved revised procedures for ABIM certification in Transplant Hepatology. The requisite procedures for fellows beginning their fellowship in or after Academic Year 2022–23 are outlined below:

- Fellows must have the opportunity to train in liver biopsy to the level of competent and independent performance for those fellows who perceive the need to learn the procedure for their future practice. Not all fellows would be required to perform the procedure to be eligible for certification.
- A minimum of 200 liver biopsy specimens, including native and allograft, should be interpreted during the transplant hepatology fellowship year using resources available within the fellowship program and/or from outside resources such as teaching slide-sets.
- Demonstrate knowledge of the indications, contra-indications, limitations, complications, alternatives and techniques of native and allograft liver biopsy and noninvasive methods of fibrosis assessment.

Clinical Competence Requirements

ABIM requires documentation that candidates for certification in the subspecialties are competent in: (1) patient care and procedural skills (which includes medical interviewing and physical examination 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, FasTrack®, ABIM requires verification of subspecialty fellows' clinical competence from the subspecialty training program director. See the table on page 3.

In addition, fellows must receive satisfactory ratings in each of the ACGME/ABMS Competencies and the requisite procedures during the final year of required training. It is the fellow's responsibility to arrange for any additional training needed to achieve a satisfactory rating in each component of clinical competence.

Dual Certification Requirements

Hematology and Medical Oncology

Dual certification in hematology and medical oncology requires three years of accredited combined training which must include: a minimum of 18 months of full-time clinical training, of which at least 12 months are in the diagnosis and management of a broad spectrum of neoplastic diseases including hematological malignancies, and six months are in the diagnosis and management of a broad spectrum of non-neoplastic hematological disorders. 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 both hematology and medical oncology.

During the entire three years, the fellow must maintain a continuity outpatient clinic structured in a way consistent with ACGME requirements for continuity clinic in the discipline. Time spent in continuity outpatient clinic, during non-clinical training, is in addition to the requirement for full-time clinical training.

Candidates may complete all three years of combined training before applying for an examination in either subspecialty; however, those who elect to take an examination in one subspecialty following two years of combined training may still apply for the other examination after a third year of combined training is satisfactorily completed.

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.

Only candidates certified in a subspecialty following at least two years of accredited fellowship training (three years for cardiovascular disease and gastroenterology) are permitted to take the critical care medicine examination after completion of 12 months of accredited clinical critical care medicine fellowship training. Candidates certified in internal medicine only must complete 24 months of accredited critical care medicine fellowship training, including 12 months of clinical training, to qualify for 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: (1) at least 12 months of clinical rheumatology training supervised by the director of an accredited rheumatology training program; (2) 18 consecutive months of rheumatology continuity clinic; and (3) 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 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 ABIM for information.

Gastroenterology and Transplant Hepatology

Candidates seeking dual certification in gastroenterology and transplant hepatology must complete a minimum of three years of accredited combined training, 18 months of which must be clinical training in gastroenterology and 12 months of clinical training in transplant hepatology. Combined training must be completed in a single institution which has accredited training programs in both gastroenterology and transplant hepatology.

During the entire three years, the fellow must maintain a continuity outpatient clinic structured in a way consistent with ACGME requirements for continuity clinic in the discipline. Time spent in continuity outpatient clinic, during non-clinical training, is in addition to the requirement for full-time clinical training.

Candidates must complete all three years of required combined training before being admitted to the Gastroenterology Certification Examination. Certification in gastroenterology must be achieved before the candidate is eligible to apply for admission to the Transplant Hepatology Certification Examination. Should the candidate transfer to another training program, they would no longer be eligible for dual certification unless they meet the standard training requirements separately to apply for both exams.

MINIMUM MONTHS OF TRAINING	CLINICAL MONTHS REQUIRED	PROCEDURES
36*	Gastroenterology – 18	Diagnostic and therapeutic upper and lower endoscopy
	Transplant Hepatology – 12	Fellows must have the opportunity to train in liver biopsy to the level of competent and independent performance for those fellows who perceive the need to learn the procedure for their future practice. Not all fellows would be required to perform the procedure to be eligible for certification. A minimum of 200 liver biopsy specimens, including native and allograft, should be interpreted during the transplant hepatology fellowship year using resources available within the fellowship program and/or from outside resources such as teaching slide-sets. Demonstrate knowledge of the indications, contra-indications, limitations, complications, alternatives and techniques of native and allograft liver biopsy and noninvasive methods of fibrosis assessment.

** For deficits of 35 days or less in required training time, ABIM will defer to the judgment of the program director **and** promotions or competency committee in determining the need for additional training. With program director attestation to ABIM that the trainee has achieved required competence, additional training time will not be required. Trainees cannot make a request to ABIM on their own behalf.*

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 a minimum of three years of training in research methodology. Prospective planning of this pathway by trainees and program directors is necessary.

Program directors must document the clinical and research training experience each year through ABIM's tracking program. The chart on the following page describes the Research Pathway requirements.

All trainees in the Research Pathway must satisfactorily complete 24 months of accredited categorical internal medicine residency training. A minimum of 20 months must involve direct patient responsibility.

The minimum full-time clinical training required for each subspecialty is also required for Certification through the research pathway. Specifically:

- 12 months in adolescent medicine; allergy and immunology; critical care medicine; endocrinology, diabetes, and metabolism; geriatric medicine; hematology; hospice and palliative medicine; infectious disease; nephrology; medical oncology; pulmonary disease; rheumatology; or sleep medicine
- 18 months in gastroenterology, hematology/oncology, pulmonary/critical care medicine, or rheumatology/allergy and immunology
- 24 months in cardiology

During the research period, 80 percent of time is devoted to research and 10 to 20 percent of time to clinical work. The trainee must attend a continuity outpatient clinic consistent with ACGME requirements for continuity clinic in the discipline. Time spent in continuity outpatient clinic during non-clinical training is in addition to the requirement for full-time clinical training.

ABIM 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 the Research Pathway may be taken in a full-time faculty position if the level of commitment to mentored research is maintained at 80 percent.

During research training, 20 percent of each year must be spent in clinical experiences, including continuity clinic experiences consistent with ACGME requirements for continuity clinic in the discipline of training.

Ratings of satisfactory clinical performance must be maintained annually for each trainee in the ABIM Research Pathway.

For additional information, see www.abim.org/certification/policies/research-pathway-policies-requirements.aspx.

MINIMUM TRAINING REQUIREMENT IN THE INTERNAL MEDICINE RESEARCH PATHWAY

DISCIPLINE	IM CLINICAL TRAINING	SS CLINICAL TRAINING	RESEARCH TRAINING (80%)	TOTAL TRAINING	EXAM ADMINISTRATION ELIGIBILITY
Internal Medicine	24 months	N/A	36 months	60 months/5 years	Summer, PGY-5

– Internal medicine training requires 20 months direct patient responsibility
– Ambulatory clinics during research training (10%) ½ day per week
– Additional clinical training during research (10%) may be intermittent or block time

MINIMUM TRAINING REQUIREMENT IN THE SUBSPECIALTY RESEARCH PATHWAY

DISCIPLINE	IM CLINICAL TRAINING	SS CLINICAL TRAINING	RESEARCH TRAINING (80%)	TOTAL TRAINING	EXAM ADMINISTRATION ELIGIBILITY
Adolescent Medicine Allergy & Immunology Critical Care Medicine Endocrinology, Diabetes, & Metabolism Geriatric Medicine Hematology Hospice & Palliative Medicine Infectious Disease Nephrology Medical Oncology Pulmonary Disease Rheumatology Sleep Medicine	24 months	12 months	36 months	72 months/6 years	Fall, PGY-6
Gastroenterology Hematology/Medical Oncology Pulmonary/Critical Care Medicine Rheumatology/Allergy & Immunology	24 months	18 months	36 months	78 months/6.5 years	Fall, PGY-7
Cardiovascular Disease	24 months	24 months	36 months	84 months/7 years	Fall, PGY-7
Tertiary certification: Add the minimum clinical requirement of the subspecialty to the Research Pathway					
Transplant Hepatology	24 months	30 months (18 GI + 12 T-HEP)	36 months	90 months/7.5 years	Fall, PGY-8
Advance Heart Failure & Transplant Cardiology	24 months	36 months (24 CVD + 12 AHFTC)	36 months	96 months/8 years	Fall, PGY-8
Interventional Cardiology	24 months	36 months (24 CVD + 12 ICARD)	36 months	96 months/8 years	Fall, PGY-8
Adult Congenital Heart Disease	24 months	42 months (24 CVD + 18 ACHD)	36 months	102 months/8.5 years	Fall, PGY-9
Clinical Cardiac Electrophysiology	24 months	48 months (24 CVD + 24 CCEP)	36 months	108 months/9 years	Fall, PGY-9
Neurocritical Care	24 months	24 months (12 CCM + 12 NCC)	36 months	84 months/ 7 years	Fall, PGY-7

– Internal medicine training requires 20 months direct patient responsibility
– Ambulatory clinics during research training (10%) ½ day per week
– IM exam administration eligibility, Summer PGY-4
– All other standard ABIM requirements for ABIM initial certification eligibility must be met

SPECIAL TRAINING POLICIES

Disclosure of Performance Information

Trainees planning to change programs must direct requests to their current program and to ABIM to send written evaluations of past performance to the new program. These requests must be made in writing and in a timely manner to ensure that the new program director has the performance evaluations for review before offering a position. In addition, a new program director may request performance evaluations from previous programs and from ABIM concerning trainees who have joined the new program. ABIM will respond to written requests from trainees and program directors by providing any performance evaluations it has in its possession and the total credits accumulated toward ABIM's training requirements for Board Certification. This information will include any comments provided with the evaluation.

Responsibility for Evaluations

The responsibility for the evaluation of a trainee's competence in the six ACGME/ABMS Competencies and overall clinical competence rests with the program director, not with ABIM. ABIM 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 Vacation

This policy applies to internal medicine residency and subspecialty fellowships in all ABIM disciplines.

Up to 5 weeks (35 days) per academic year are cumulatively permitted over the course of the training program for time away from training, which includes vacation, illness, parental or family leave, or pregnancy-related disabilities. For example, a resident could take 105 days of leave during a three-year internal medicine residency without needing to extend training. Training must be extended to make up any absences exceeding 5 weeks (35 days) per year of training unless the Deficits in Required Training Time policy is used. Vacation leave is essential and should not be forfeited or postponed in any year of training and cannot be used to reduce the total required training period. ABIM does not establish how much time per year should be used for vacation and recognizes that leave policies vary from institution to institution. Program Directors may apply their local requirements within these guidelines to ensure trainees have completed the requisite period of training with adequate vacation over the total training duration.

ABIM considers activities such as attendance at training-related seminars, courses, interviews for subsequent training positions or jobs, etc., as bona fide educational experiences or duties essential for the continuity of education in internal medicine and its subspecialties. These activities need not be counted as part of the allocation for leave time in the academic year for purposes of tracking training time for ABIM. Similarly, ABIM does not require that this time be counted among the educational experiences of the training program; rather, the program director has the discretion to apply this policy to ensure the balance of time needed to assure competency in the discipline is achieved at the end of training.

This policy, along with ABIM's Deficits in Required Training Time policy, provides for time away from training in excess of the minimum requirements of the ABMS Leave Policy, as revised in July 2021. Under the ABMS policy, "Member Boards with requirements that allow for more than six weeks of time away from training for any purpose including parental, caregiver and medical leave are in compliance with the above policy." (ABMS Leave Policy, Appendix, ¶ 3.) ABIM's policies allow for more than six weeks of time away from training for any purpose.

Deficits in Required Training Time

This policy applies to internal medicine residency and subspecialty fellowships in all ABIM disciplines.

ABIM recognizes that delays or interruptions may arise during training such that the required training cannot be completed within the standard total training time for the training type. In such circumstances, if the trainee's program director and clinical competency committee attest to ABIM that the trainee has achieved required competence with a deficit of less than 5 weeks (35 days), extended training may not be required. Only program directors may request that ABIM apply the Deficits in Required Training Time policy on a trainee's behalf, and such a request may only be made during the trainee's final year of training. Program directors may request a deficit in training time when submitting evaluations for the final year of standard training via FasTrack, subject to ABIM review.

The Deficits in Required Training Time policy is not intended to be used to shorten training before the end of the academic year.

Examples:

- A rheumatology trainee beginning training on July 1, 2018 anticipates a completion date by June 30, 2020. A six week medical leave in the F-1 year causes the total cumulative leave over the 24-month training period to exceed the 70 days of permitted leave by ten days and extending the completion date until July 10, 2020.
- An internal medicine trainee beginning training on July 27, 2017 (27 days off-cycle due to a visa delay) anticipates a completion date by July 26, 2020.

In each example, the trainee may complete training on June 30 if:

- The program attests to the trainee's achieving the required competence on June 30, 2020
- The program documents the reason for the deficit in training on the trainee's final year ABIM FasTrack® evaluation, and
- ABIM approves the program director's request to apply the Deficits in Required Training Time policy.

The Deficits in Required Training Time policy is not intended to be used to shorten training before the end of the academic year.

Example:

- An internal medicine trainee who initiated training on July 1, 2017 and anticipates a completion by June 30, 2020 may not use the Deficits in Required Training Time policy in an effort to truncate their training (e.g., to enter a fellowship prior to July 1, 2020).

Definition of Full-Time Training

Full-time training is defined as daily assignments for periods of no less than one month to supervised patient care, educational, or research activities designed to fulfill the goals of the training program. Full-time training must include formative and summative evaluation of clinical performance, with direct observation by faculty and senior trainees.

Transition to the ACGME/AOA Single GME Accreditation System

Beginning in July 2015, for residents and fellows who begin training in an AOA-accredited program which receives ACGME accreditation before graduation, all satisfactorily completed years of training will be accepted towards ABIM's initial certification eligibility requirements. To be granted admission to an ABIM Certification Examination, candidates must meet all applicable training, licensure, professional standing and procedural requirements.

Through its tracking process, FasTrack®, ABIM requires verification of trainees' initial certification eligibility criteria from an ABIM certified program director (other ABMS Member Board and Canadian certification is acceptable, if applicable). In support of the Single GME Accreditation System, ABIM recognized the need for a change in eligibility policies to allow program directors of newly accredited programs to become certified by ABIM and for a transition period to allow them to do so. That period has been extended through 2023. If the program director of a program achieving accreditation through the Single GME Accreditation System is not currently certified by ABIM in the discipline for which they are program director, there is a Special Consideration Pathway which will allow the program director to become certified by ABIM.

Through the end of 2023, ABIM will accept attestations for ABIM initial certification eligibility criteria from those who are program directors through the Single GME Accreditation System, but who have not yet become ABIM certified in the discipline of their program. Beginning in 2024, all attestations of ABIM initial certification eligibility criteria will need to come from program directors who are ABIM certified in the discipline of their program. For additional information, please see the "Clinical Competence Requirements" section under each certification area.

Interrupted Full-Time Training

ABIM approval must be obtained before initiating an interrupted training plan. Interrupted full-time training is acceptable, provided that no period of full-time training is less than one month. In any 12-month period, at least six months should be spent in training. During training periods, patient care responsibilities should be maintained in a continuity clinic consistent with ACGME program requirements for the discipline. Part-time training, whether or not continuous, is not acceptable.

Qualifying Board

A Qualifying Board is an ABMS Member Board whose diplomates may apply for a subspecialty certificate through another Member Board and, if successful, participate in their continuing certification program. Once certified in the subspecialty, the diplomate of the Qualifying Board becomes a diplomate of the sponsoring Board for the subspecialty and must meet all of the sponsoring Board's requirements for initial certification and Maintenance of Certification (MOC) in the discipline. The physician's original board no longer manages their certification and MOC for the subspecialty.

Competency-Based Medical Education Pilots

The American Board of Internal Medicine (ABIM) does not approve program-level CBME pilots; however, ABIM is pleased to coordinate with the Accreditation Council for Graduate Medical Education (ACGME) Advancing Innovation in Residency Education (AIRE) program by prospectively reviewing proposals to determine how they may affect eligibility for initial certification in ABIM disciplines.

Requests for an ABIM letter of support for an ACGME AIRE proposal can be sent to AcademicAffairs@abim.org.

OTHER POLICIES

ABIM's Evaluations and Judgments

Candidates for Board Certification and Maintenance of Certification agree that their professional qualifications, including their moral and ethical standing in the medical profession and their competence in clinical skills, will be evaluated by ABIM, and ABIM's good faith judgment concerning such matters will be final.

ABIM may make inquiry of persons named in candidates' applications and of other persons, such as authorities of licensing bodies, hospitals, or other institutions as ABIM may deem appropriate with respect to such matters. Candidates agree that ABIM may provide information it has concerning them to others whom ABIM judges to have a legitimate need for it.

ABIM makes academic and scientific judgments in its evaluations of the results of its examinations. Situations may occur, even through no fault of the candidates, that render examination results unreliable in the judgment of ABIM. Candidates agree that if ABIM determines that, in its judgment, the results of their examination are unreliable, ABIM may require the candidates to retake an examination at its next administration or other time designated by ABIM.

ABIM also may evaluate candidates' or diplomates' fitness for Board Certification – including their professionalism, ethics and integrity – in disciplinary matters, and ABIM's good faith judgment concerning such matters will be final.

Board Eligibility

Policy

As of July 2012, the American Board of Internal Medicine considers all internal medicine and subspecialist physicians who have met the standards for Board Certification in general internal medicine or any of its subspecialties to be "Board Eligible" in the relevant specialty for a period of seven years. The seven-year period of Board Eligibility shall begin upon the candidate's successful completion of the initial certification requirements in their field or July 1, 2012, whichever is later. During the period of Board Eligibility, the candidate may apply for the certifying examination in the relevant specialty. If the candidate does not become board certified during the seven-year period of Board Eligibility, the candidate will no longer be deemed "Board Eligible" and may no longer represent himself or herself as "Board Eligible."

A candidate who is no longer Board Eligible may nevertheless apply for a certification examination, but only if the candidate has: (i) completed a year of retraining in the relevant specialty after the expiry of the candidate's period of Board Eligibility, but no more than seven years before the application; and (ii) met all other requirements for Board Certification in effect at that time. Retraining will require the successful completion of one year of additional residency/fellowship training in an ACGME-accredited U.S. training program or an RCPSC-accredited Canadian training program.

While training must be completed in an ACGME-accredited U.S. training program or an RCPSC-accredited Canadian training program, in the relevant specialty, it would not have to be completed within the accredited training complement if the program director receives prospective approval from ABIM for a retraining plan. Retraining must be supervised similar to that of other trainees in the program; attending level or hospitalist employee duties, practice monitoring, or CME courses will not meet the requirements for retraining.

ABIM does not otherwise delineate or define the content or level of retraining needed; however, at the end of training, ABIM will require an attestation from the program director in the FasTrack Evaluation System that the candidate has demonstrated the requisite competency for unsupervised practice at current standards of training, just as is required for final year trainees in the training program.

Program directors with questions about the retraining requirement should contact AcademicAffairs@abim.org.

Program Director Certification Requirement for Initial Certification Eligibility Attestation

Program Director certification has been required to attest to ABIM initial certification eligibility criteria since 1972. Through its tracking process, FasTrack®, ABIM requires verification of trainees' initial certification eligibility criteria from an ABIM certified program director (other ABMS Member Board and Canadian certification is acceptable, if applicable). If a program director's certification has lapsed, the program director should check their ABIM portal to determine what requirements are needed to restore certification. If the program director has never been certified by ABIM in the discipline for which they are program director, there may be a Special Consideration Pathway which will allow the program director to become certified by ABIM.

Reporting Certification Status

ABIM, in addition to reporting certification status, reports whether or not diplomates are participating in Maintenance of Certification.

On a candidate's written request to ABIM, the following information may also be provided in writing: (1) that an application for Board Certification or Maintenance of Certification is currently in process; and/or (2) the year the candidate was last admitted to an examination.

Reporting Board Eligibility

ABIM does not confirm or report the Board Eligibility status of its candidates. Parties interested in a candidate's Board Eligibility status may wish to communicate directly with the candidate and/or with the appropriate training program.

Representation of Board Certification and Board Eligibility Status

Physicians must accurately state their ABIM Board Certification or Board Eligibility status at all times. This includes descriptions in curriculum vitae, advertisements, publications, directories and letterheads.

Please note: ABIM does not authorize the use of its logo by others. Diplomates with expired time-limited certification or those whose certification is suspended or revoked may not claim ABIM Board Certification and must revise all descriptions of their qualifications accordingly. Additionally, a candidate who does not meet the requirements for Board Eligibility set forth above may not represent himself or herself as Board Eligible. Diplomates who have multiple certifications and allow one of them to lapse should revise their public materials (letterhead, business cards, advertisements, etc.) to reflect those certifications that are currently valid.

A physician who misrepresents their Board Certification or Board Eligibility status may be subject to disciplinary sanctions, including the revocation or suspension of the physician's Board Certification or eligibility to participate in the Board Certification or Maintenance of Certification processes.

Errors and Disruptions in Examination Administration

Occasionally problems occur in the creation, administration, and scoring of examinations. For example, power failures, hardware and software problems, human errors, or weather problems may interfere with some part of the examination process. When such problems occur and ABIM determines that they have compromised the integrity of examination results, ABIM will provide affected candidates with an opportunity for re-examination.

A candidate who believes that testing conditions or other examination administration issues have adversely affected the candidate's ability to take and complete an examination should notify the proctor at the test center, or contact ABIM as soon as possible after the exam. In no event will ABIM consider a request to cancel an examination result after the result has been released to the candidate.

Re-examination shall be the candidate's sole remedy. ABIM shall not be liable for inconvenience, expense, or other damage caused by any problems in the creation, administration, or scoring of an examination, including the need for retesting or delays in score reporting. In no circumstance will ABIM reduce its standards as a means of correcting a problem in examination administration.

Contact Information Updates and Corrections

ABIM requires your current contact information, including your mailing address, email address and telephone number. Update your contact information online.

Please contact ABIM as soon as possible if your email address changes as it is our primary means of communicating important information to you.

Change Your Name

ABIM uses your full, official name in its records. To change your name, or to correct the spelling of your name, you must notify ABIM in writing.

Send the change and documentation of the change (i.e., copy of marriage certificate, naturalization papers, court order of name change, etc.) to:

American Board of Internal Medicine
510 Walnut Street, Suite 1700
Philadelphia, PA 19106-3699

Fax 215-446-3590 (use this fax number for name changes only)
Email request@abim.org (if you can provide documentation in digital form; e.g., pdf)

Any future mailings you receive from ABIM will be mailed under your new name. Your former name will be listed as an "alternate" name in our system. Both forms of your official name will be listed in the database and will appear upon a search of your Certification status in the "Verify a Physician Certification" section of the site.

Correct the Spelling of Your Name

Provide both the correct and incorrect spelling of your name and your ABIM ID and/or Social Security number. In addition, please indicate how your name should be listed in our records, by providing your full first, middle and last names.

Request a Preferred Name

When you become certified, you may request to have a "preferred" name printed on your ABIM certificate (i.e., nickname, hyphenated last name, middle initial only, maiden name, etc.). However, ABIM maintains your full, official name in its records and will change it only if you inform ABIM of an official name change and provide documentation of the name change.

Confidentiality Policy

ABIM considers the certification and Maintenance of Certification participation status of its candidates and diplomates to be public information.

ABIM provides a diplomate's Board Certification status, Maintenance of Certification status and personal identifying information, including mailing address, e-mail address 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 personal identifying information, including Social Security numbers, as a unique internal identifier and maintain the confidentiality of this information. On request, ABIM provides a diplomate's

Board Certification and Maintenance of Certification status and address to professional medical societies and other organizations that provide ABIM-sanctioned educational resources and products used for Self-Evaluation of Medical Knowledge or Practice Assessment in the Maintenance of Certification program.

ABIM provides residency and fellowship training directors with information about a trainee's prior training and pass/fail status on certifying examinations. If a trainee has given permission, ABIM will provide the program director with the trainee's score on his/her first attempt at the Certification examination for that area of training. ABIM uses examination performance, training program evaluations, outcomes-based milestones for resident performance, Self-Evaluation of Medical Knowledge and Practice Assessment, and other information for its determination of eligibility and qualification of candidates for certification, for evaluation of resident development and performance, and/or for research and related purposes. In any such research, ABIM will not identify specific individuals, hospitals or practice associations. Candidates acknowledge and agree that examination performance and milestones data may be shared by and between ABIM and ACGME. All practice performance data is HIPAA compliant.

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

The ability to practice clinical medicine is a fundamental tenet of Board Certification. Candidates for Board Certification and Maintenance of Certification must possess a permanent, valid, unrestricted and unchallenged medical license in the United States, its territories or Canada. Physicians practicing exclusively abroad and who do not hold a U.S. or Canadian license must hold a license where they practice and provide documentation from the relevant licensing authority that their license is in good standing and without conditions or restrictions. Restrictions include but are not limited to conditions, contingencies, probation, limitations and stipulated agreements.

A physician with a restricted, suspended, revoked or surrendered license in any jurisdiction is not eligible to be certified or admitted to a certification examination.

ABIM will suspend or revoke the Board Certification of any diplomate who has a license that is suspended, revoked, surrendered or restricted (whether voluntarily or otherwise) so as to prohibit the practice of clinical medicine in one or more jurisdictions, and no valid license in any other jurisdiction. A diplomate who has a license that is suspended, revoked, surrendered or restricted (whether voluntarily or otherwise) so as to prohibit the practice of clinical medicine in one or more jurisdictions, but who continues to hold a valid license in another jurisdiction—or a diplomate whose license in any jurisdiction has been restricted—may be subject to disciplinary sanctions, including the suspension or revocation of the physician's Board Certification.

Disabled Candidates

It is ABIM's policy to comply with Title III of the Americans with Disabilities Act (ADA). ABIM will offer its examinations in a place and manner accessible to persons with qualifying disabilities or offer alternative accessible arrangements for such individuals, where feasible. In addition, ABIM will make reasonable modifications, upon request, to its examination procedures or provide auxiliary aides or services for candidates with documented disabilities, provided that the change does not fundamentally alter the measurement of the skills or knowledge being assessed and that it is not unduly burdensome. Please note that there are specific registration deadlines for requesting a modification to allow for the creation of special exam formats. For additional information about the process and documentation requirements, as well as deadlines and confidentiality, please refer to Exam Information: Accommodations for Test Takers with Disabilities or contact ABIM at accommodations@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 may be required for admission to an examination or to receive a certificate. ABIM treats such information as confidential.

Examination Ethics

Those who take ABIM examinations have a continuing obligation to maintain examination confidentiality. See Copyright and Examination Non-Disclosure Policy on the inside cover of this document.

All ABIM examinations are administered in secure testing centers by test administrators who are responsible for maintaining the integrity and security of the certification process. Test administrators are required to report to ABIM 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 unauthorized items, including electronic devices (e.g., pagers, cell phones, tablets, smart phones, etc.), into the examination; failing to comply with time limits or instructions, talking or other disruptive behavior. Test administrators may intervene to stop any of the foregoing. In addition, as part of its effort to assure exam integrity, ABIM utilizes data forensic techniques that use statistical analyses of test-response data to identify patterns of test fraud, including cheating and copyright infringement. ABIM investigates all reports of irregular or improper activity.

Irregular or improper behavior in examinations that is observed, made apparent by data forensics or 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 and subject the candidate to disciplinary sanctions, including suspension or revocation of Board Certification or eligibility to participate in the Board Certification or Maintenance of Certification processes. Failure to fully cooperate with an ABIM investigation is considered unprofessional conduct and constitutes grounds for disciplinary sanctions.

Disciplinary Sanctions and Appeals

ABIM may, at its discretion, rescind a diplomate's Board 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 ABIM.

ABIM may impose disciplinary sanctions, including the suspension or revocation of Board Certification or participation in the Certification or Maintenance of Certification processes, invalidation of an examination, or other professional sanctions, if ABIM obtains evidence that in its judgment demonstrates that a candidate or diplomate: (1) has had a license to practice medicine restricted in any jurisdiction, has surrendered a license but continues to hold a valid license in another jurisdiction, or has had one or more licenses suspended or revoked but continues to hold a valid license; (2) engaged in irregular or improper behavior or other misconduct in connection with an ABIM examination; (3) made a material misstatement of fact or omission in connection to ABIM with an application, or misrepresented their Board Certification or Board Eligibility status to anyone; (4) failed to maintain moral, ethical or professional behavior satisfactory to ABIM; or (5) engaged in misconduct that adversely affects professional competence or integrity.

In the event ABIM obtains such evidence, it shall so notify the physician in writing. Such notification shall: (1) advise the physician that the ABIM Credentials and Certification Committee ("CCC") will determine on behalf of ABIM, no fewer than forty-five days after the date of the notice, whether to recommend any disciplinary sanction; (2) summarize the evidence in ABIM's possession; (3) include copies of any documentary evidence in ABIM's possession; (4) provide the physician an opportunity to make a written submission to the CCC; (5) disclose the policy(ies) and/or procedure(s) pursuant to which ABIM may recommend a sanction, and the possible sanction(s); (6) advise the physician that the failure to respond timely to the notice may be considered unprofessional and weighed against the physician by the CCC; and (7) advise the physician that if the CCC recommends a sanction, the physician would have a right of appeal with an in-person or telephonic hearing before a panel designated by ABIM's Board of Directors.

In the event the CCC determines to recommend a disciplinary sanction, it shall so notify the physician in writing. Such notification will: (1) set forth the factual bases for such determination; (2) summarize the reasons for such determination; (3) advise the physician of their right to request an appeal of the CCC's determination; (4) advise the physician that any request for an appeal must be submitted to ABIM within thirty days of the date of the notice of the CCC's determination; (5) provide procedural information about the appeal process; (6) advise the physician that if a hearing is requested, ABIM will provide notice of the members of the appeal panel and the date, time, and if applicable, place of the hearing at least forty-five days in advance of the hearing; and (7) advise the physician that while a recommended sanction is not final and does not affect a physician's Board Certification status, a physician who is subject to a recommended sanction is not eligible to participate in the Certification process. If a physician declines to appeal a recommended sanction, the recommended sanction determined by the CCC shall become the final decision of ABIM.

An appeal of a recommended sanction shall be determined by a panel consisting of three non-ABIM employee physicians designated by ABIM's Board of Directors and including at least one member of the Board of Directors (an "Appeal Panel"). An Appeal Panel shall have the discretion to affirm, rescind, or modify a recommended sanction, or impose an alternative sanction. In advance of each appeal hearing ABIM shall provide each member of the Appeal Panel and the physician appellant with copies of the documentary record for the physician's sanction and appeal proceeding. In its consideration of an appeal of a recommended sanction, an Appeal Panel shall not be bound by any technical rules of evidence, shall consider any information timely submitted by or on behalf of the physician at any stage of the proceeding, and shall hold a hearing. At an appeal hearing, the physician and/or the physician's counsel may present information and, subject to the Appeal Panel's discretion, witnesses. ABIM's counsel may ask questions of the physician, the physician's counsel, and any witnesses. Appeal hearings shall be transcribed by a professional stenographer. After reaching a decision, an Appeal Panel shall notify the physician of its decision in writing. Such written decisions shall include the factual bases of the decision and a summary of the reasons for the decision. The decision of the majority of an Appeal Panel shall be the final decision of ABIM.

The foregoing sanction and appeal procedures shall apply to matters arising on or after July 1, 2013. Earlier arising matters will be handled in accordance with ABIM's policies and procedures previously in effect.

Notwithstanding these procedures, ABIM reserves the right to revoke or suspend a diplomate's Board Certification summarily in extraordinary circumstances.

ABIM, in its sole discretion, may notify local credentialing bodies, licensing bodies, law enforcement agencies, program directors, impaired physicians advocacy groups, or others of any final disciplinary sanctions.

To regain Board Certification after a suspension, the physician must comply with such conditions as ABIM may impose and successfully complete ABIM's Maintenance of Certification program.

False or Inaccurate Medical Information

While ABIM recognizes the importance of legitimate scientific debate, physicians have an ethical and professional responsibility to provide information that is factual, scientifically grounded, and consensus driven. Providing false or inaccurate information to patients or the public is unprofessional and unethical, and violates the trust that the profession of medicine and the public have in ABIM Board Certification. Therefore, such conduct constitutes grounds for disciplinary sanctions.

Competency in Technology

Consistent with the ACGME/ABMS Competencies in Systems-Based Practice, ABIM requires its candidates and diplomates to possess sufficient competencies in information technology, including the use of personal computers, the Internet, and e-mail, for correspondence and completion of examinations and modules throughout their participation in ABIM certification and Maintenance of Certification programs.

Test Accommodations for Nursing Mothers

The American Board of Internal Medicine (ABIM) recognizes the importance of a mother's decision to breastfeed her child and will consider requests for medically necessary testing accommodations to support nursing mothers. For example, candidates who are nursing may be afforded additional break time in order to accommodate their need to express breast milk when medically supported. For additional information about the process and documentation requirements, please contact ABIM accommodations@abim.org or refer to www.abim.org/certification/exam-information/test-accommodations-nursing-mothers.aspx.

Schedule of Examinations

The schedule of examination dates, examination fees and policies regarding late applications and refunds may be found at www.abim.org/certification/exam-information.aspx. It is the sole responsibility of the candidate to be aware of and comply with registration deadlines. To register for an examination, go to www.abim.org/certification/exam-information.aspx. ABIM strictly enforces registration deadlines without exception. Missed deadlines are not subject to appeal.

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The information provided in this print publication, *Policies and Procedures for Certification, May 2023*, and on ABIM's website governs the American Board of Internal Medicine's decision about eligibility for certification. This edition supersedes all previous publications, and the ABIM website (www.abim.org) supersedes the information found here. ABIM reserves the right to make changes in fees, examinations, policies and procedures at any time without advance notice. Admission to ABIM's certification process is determined by policies in force at the time of application.

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