



American Board
of Internal Medicine

AUGUST 2009

POLICIES PROCEDURES

FOR CERTIFICATION



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INTRODUCTION

The American Board of Internal Medicine (referred to throughout this document as “ABIM”) was established in 1936 and is a private, not-for-profit corporation. Board members are elected by the Board of Directors and serve two-year terms.

ABIM receives no public funds and has no licensing authority or function. ABIM’s mission is to enhance the quality of health care by certifying internists and subspecialists who demonstrate the knowledge, skills, and attitudes essential for excellent patient care.

Certification is not a requirement to practice internal medicine, and ABIM does not confer privileges to practice. ABIM does not intend either to interfere with or to restrict the professional activities of a licensed physician based on certification status.

ABIM administers the 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.

All ABIM certifications 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. To remain valid, these certifications must be renewed through ABIM’s Maintenance of Certification program. Certifications issued before these dates are valid indefinitely, although ABIM strongly recommends such certificate holders recertify as well.

For information about the Maintenance of Certification program, visit ABIM’s website, www.abim.org, or contact ABIM, 1-800-441-ABIM.

A candidate’s eligibility for certification is determined by the policies and procedures described in this document and on ABIM’s website, www.abim.org. This edition of *Policies and Procedures for Certification* supersedes all previous publications. 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.

August 2009

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 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 requirements for certification.

The 36 months of residency training must include 12 months of accredited internal medicine training at each of three levels: R-1, R-2, and R-3. No credit is granted for training repeated 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.

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 four months 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 for vacation time. See “Leave of Absence and Vacation” policy on page 11.

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.

Clinical Competence Requirements

ABIM requires documentation that candidates for certification in internal medicine are competent in: (1) patient care (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, FasTrack, ABIM requires program directors to complete clinical competence evaluations each year 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.

PROGRAM DIRECTOR RATINGS OF CLINICAL COMPETENCE

COMPONENTS and RATINGS	R-1 and R-2	R-3	Fellows (any year)
Overall Clinical Competence			
Satisfactory or Superior	Full credit	Full credit	Full credit
Marginal	Full credit for one marginal year Repeat one year if both R-1 and R-2 are marginal	Not Applicable	Not Applicable
Unsatisfactory	No credit, must repeat year	No credit, must repeat year	No credit, must repeat year
Moral and Ethical Behavior			
Satisfactory	Full credit	Full credit	Full credit
Unsatisfactory	No credit, must repeat year or, at the request of the program director and at ABIM's discretion, a successful period of observation can be arranged in lieu of repeating the year to be granted credit	No credit, must repeat year or, at the request of the program director and at ABIM's discretion, a successful period of observation can be arranged in lieu of repeating the year to be granted credit	No credit, must repeat year or, at the request of the program director and at ABIM's discretion, a successful period of observation can be arranged in lieu of repeating the year to be granted credit
Evaluation of Individual General Competencies*			
Satisfactory or Superior	Full credit	Full credit	Full credit
Unsatisfactory	Full credit	No credit, must repeat year	Must repeat year if during final year of required training

* The six required competencies 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.

As outlined in the table above, 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 needed to achieve a satisfactory rating in each component of clinical competence.

Procedures Required for Internal Medicine

Safety is the highest priority when performing any procedure on a patient. ABIM recognizes that there is variability in the types and numbers of procedures performed by internists in practice. Internists who perform any procedure must obtain the appropriate training to safely and competently perform that procedure. It is also expected that the internist be thoroughly evaluated and credentialed as competent in performing a procedure before he or she can perform it unsupervised. For certification in internal medicine,

ABIM has identified a limited set of procedures in which it expects all candidates to be competent with regard to their knowledge and understanding. This includes: (1) demonstration of competence in medical knowledge relevant to procedures through their ability to explain indications, contraindications, patient preparation methods, sterile techniques, pain management, proper techniques for handling specimens and fluids obtained, and test results; (2) ability to recognize and manage complications; and (3) ability to clearly explain to a patient all facets of the procedure necessary to obtain informed consent.

For a subset of procedures, ABIM requires all candidates to demonstrate competence and safe performance by means of evaluations performed during residency training. The set of procedures and associated competencies required for each are presented in the table on page 4.

PROCEDURES REQUIRED FOR INTERNAL MEDICINE

	Competency				
	Know, Understand and Explain				Perform Safely and Competently
	Indications; Contraindications; Recognition and Management of Complications; Pain Management; Sterile Techniques	Specimen Handling	Interpretation of Results	Requirements and Knowledge to Obtain Informed Consent	
Abdominal paracentesis	X	X	X	X	
Advanced cardiac life support	X	N/A	N/A	N/A	X
Arterial line placement	X	N/A	X	X	
Arthrocentesis	X	X	X	X	
Central venous line placement	X	X	N/A	X	
Drawing venous blood	X	X	X	N/A	X
Drawing arterial blood	X	X	X	X	X
Electrocardiogram	X	N/A	X	N/A	
Incision and drainage of an abscess	X	X	X	X	
Lumbar puncture	X	X	X	X	
Nasogastric intubation	X	X	X	X	
Pap smear and endocervical culture	X	X	X	X	X
Placing a peripheral venous line	X	N/A	N/A	N/A	X
Pulmonary artery catheter placement	X	N/A	X	X	
Thoracentesis	X	X	X	X	

To help acquire both knowledge and performance competence, ABIM believes that residents should be active participants in performing procedures. Active participation is defined as serving as the primary operator or assisting another primary operator. ABIM encourages program directors to provide each resident with sufficient opportunity to be observed as an active participant in the performance of required procedures. In addition, ABIM strongly recommends that procedural training be conducted initially through simulations. At the end of training, as part of the evaluation required for admission to the Certification Examination in Internal Medicine, program directors must attest to each resident's knowledge and competency to perform the procedures in the table above. ABIM does not specify a minimum number of procedures to demonstrate competency; however, to assure adequate knowledge and understanding of the common procedures in internal medicine, each resident should be an active participant for each procedure five or more times.

CREDIT IN LIEU OF STANDARD TRAINING FOR INTERNAL MEDICINE CANDIDATES

Training Completed Prior to Entering Internal Medicine Residency

ABIM 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. The program director of an accredited internal medicine residency program must petition ABIM to grant credit in lieu of standard R-1 internal medicine training. Candidates who have already completed 12 months of accredited U.S. or Canadian R-1 internal medicine training are not eligible to be petitioned for credit. Before being proposed, the candidate should have been observed by the proposer for a minimum of three months. No credit will 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 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; 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 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.*

(4) Up to 12 months of credit may be granted for at least three years of verified internal medicine training abroad.*

* Requires a fee of \$300. Guidelines for proposals are available at www.abim.org/certification/policies/special.aspx.

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;
- (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.

* Requires a fee of \$300. Guidelines for proposals are available at www.abim.org/certification/policies/special.aspx.

Training in Combined Programs

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

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

* Combined medicine/pediatrics 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 Certification Examination in Internal Medicine are available at www.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
- Advanced Heart Failure and Transplant Cardiology
- Cardiovascular Disease
- Clinical Cardiac Electrophysiology
- Critical Care Medicine
- Endocrinology, Diabetes, and Metabolism
- Geriatric Medicine
- Gastroenterology
- Hematology
- Hospice and Palliative Medicine
- Infectious Disease
- Interventional Cardiology
- Medical Oncology
- Nephrology
- Pulmonary Disease
- Rheumatology
- Sleep Medicine
- Sports Medicine
- Transplant Hepatology

To apply 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 in the care of patients, meet the licensure and procedural requirements, and pass the secure examination for that discipline.

To apply for certification and renewal of a certificate in adolescent medicine, hospice and palliative medicine, sleep medicine, and sports medicine, diplomates must maintain a valid underlying certificate in either internal medicine or a subspecialty. Diplomates must maintain a valid underlying certificate in cardiovascular disease to obtain certification and be eligible for renewal of a certificate in advanced heart failure and transplant cardiology, clinical cardiac electrophysiology or interventional cardiology. Diplomates must maintain a valid underlying certificate in gastroenterology to obtain certification and be eligible for renewal of a certificate in transplant hepatology.

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 Professional Corporation of Physicians of Quebec. 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 Sleep Medicine Sports Medicine Transplant Hepatology	12	12

* The training requirements for admission to the Cardiovascular Disease Examination and the Gastroenterology Examination increased to 36 months of accredited fellowship training in 1990 and 1996 respectively. Beginning with the 2007 examinations, 36 months of accredited fellowship training are required of all first-time applicants for these examinations, regardless of when they trained.

** Requires minimum ½ day per week in continuity outpatient clinic.

Procedures for Subspecialties

Adolescent Medicine

No required procedures.

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.

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.

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

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 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 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

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 pulmonary function testing; progressive exercise testing; insertion and management of chest tubes; moderate sedation. Proficiency in use of ultrasound 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.

Sports Medicine

No required procedures

Transplant Hepatology

Performance of at least 30 percutaneous liver biopsies, including allograft; interpretation of 200 native and allograft liver biopsies; and knowledge of indications, contraindications, and complications of allograft biopsies.

Clinical Competence Requirements

ABIM 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, FasTrack, ABIM requires verification of subspecialty fellows' clinical competence from the subspecialty training program director. As outlined in the table on page 3, 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 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 attend a minimum of one-half day per week in continuity outpatient clinic. 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 an examination in either subspecialty. Those who elect to take 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.

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.

Thus, for candidates applying for dual certification in pulmonary disease and critical care medicine with three years of combined training, 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: (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.

Special Candidates for Subspecialties*

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

- (1) have completed the full training required by ABIM in the subspecialty in another country and have met all current applicable ABIM procedural requirements;
- (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.

* *Proposals require a fee of \$300. Guidelines for proposals are available at www.abim.org/certification/policies/special/aspx.*

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 page 10 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.

Internal Medicine Research Pathway	
Internal medicine training (Direct patient responsibility 20 months)	24 months
Research training (80%)	36 months
Ambulatory clinics during research training (10%)	1/2 day per week
Additional clinical training during research (10%)	[may be intermittent or block time]
Total training	5 years
Internal medicine examination	Summer, R-5
Subspecialty Research Pathway	
Internal medicine training (Direct patient responsibility 20 months)	24 months
Subspecialty clinical training (80%)	12-24 months*
Research training (80%)	a minimum of 36 months
Ambulatory clinic during research training (10%)	1/2 day per week
Total training	6 or 7 years*
Internal medicine examination	Summer, R-4
Subspecialty examination	Fall, R-6 or 7*

* based on subspecialty

The Research Pathway for certification in internal medicine and a subspecialty that requires 12 months of clinical training is a six-year program. For subspecialties such as cardiovascular disease and gastroenterology, which require more than 12 months of clinical training, and for dual certification in hematology/oncology, pulmonary disease/critical care medicine, and rheumatology/allergy and immunology, the Research Pathway is a full seven-year program, including 36 to 42 months of research, depending on the number of months of clinical training completed.

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 minimum of one half-day per week in continuity outpatient clinic. 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 internal medicine research training, 20 percent 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.

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

SPECIAL TRAINING POLICIES

Disclosure of Performance Information

Trainees planning to change programs must make 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 a timely manner to ensure that the new program director has the performance evaluations for review before offering a position. A new program director may also request performance evaluations from previous programs and from ABIM concerning trainees who apply for a new position. 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 certification. This information will include the comments provided with the evaluation.

Due Process for Evaluations

The responsibility for the evaluation of a trainee's clinical competence and moral and ethical behavior rests with the program, 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 Vacations

Up to one month per academic year is permitted for time away from training, which includes vacation, illness, parental or family leave, or pregnancy-related disabilities. Training must be extended to make up any absences exceeding one month per year of training. 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 recognizes that leave policies vary from institution to institution and expects the program director to apply his/her local requirements within these guidelines to ensure trainees have completed the requisite period of training.

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.

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. Patient care responsibilities should be maintained in a continuity clinic during the non-training component of the year at a minimum of one-half day per week. Part-time training, whether or not continuous, is not acceptable.

OTHER POLICIES

ABIM's Evaluations and Judgments

Candidates for 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.

Board Eligibility

ABIM does not use, define, or recognize the term "Board Eligible."

Reporting Certification Status

ABIM will routinely report, through its website or by mail, whether physicians are certified (including dates) or not certified. If a physician was previously certified, the dates of former certification will be reported. If certification has been revoked or suspended, ABIM will report that fact, including the date of revocation or suspension.

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

Representation of Certification Status

Physicians must accurately state their ABIM Board Certification 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. 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. When a physician misrepresents Board Certification status, ABIM may suspend or revoke certification, suspend or revoke the physician's eligibility for certification or maintenance of certification, and may notify local credentialing bodies, licensing bodies, law enforcement agencies and others.

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.

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.

Confidentiality Policy

ABIM considers the certification or recertification status of its candidates and diplomates to be public information.

ABIM provides a diplomate's 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 Certification status and address to professional medical societies and other organizations that provide ABIM-sanctioned educational resources and products used for self-assessment of medical knowledge or practice performance 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, self-evaluations of knowledge and practice performance, and other information for research purposes, including collaboration with other research investigators and scientific publications. In such research, ABIM will not identify specific individuals, hospitals, or practice associations. 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

Candidates for certification and Maintenance of Certification must possess a valid, unrestricted, and unchallenged medical license in the United States, its territories or Canada. Candidates 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. A candidate whose license has been restricted, suspended, revoked, or surrendered in any jurisdiction, cannot be certified, recertified or admitted to a certification examination. Restrictions include but are not limited to conditions, contingencies, probation, and stipulated agreements.

Disabled Candidates

ABIM 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 ABIM for an exception before the individual enters training or when the disability becomes established.

ABIM 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 ABIM at the time of application for examination. ABIM will then inform the candidate of the documentation that must be received by ABIM no later than the examination registration deadline. Reapplication for special accommodation is not required for each examination administration unless a new accommodation is requested. ABIM treats requests for accommodations as confidential. For additional information about the process and documentation requirements, please contact ABIM at accommodations@abim.org, or refer to the ABIM website, www.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 ABIM for admission to an examination or to receive a certificate. ABIM treats such information as confidential.

Suspension and Revocation of Certification

ABIM may, at its discretion, revoke or rescind 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. It may also revoke or suspend certification if the diplomate fails to maintain moral, ethical, or professional behavior satisfactory to ABIM, 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 ABIM 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 any jurisdiction. Restrictions include but are not limited to conditions, contingencies, probation, and stipulated agreements. A physician may petition ABIM for admission to the certification process upon restoration of unrestricted licensure. If ABIM grants the petition, and upon such conditions as ABIM may require, the physician must complete ABIM's Maintenance of Certification program. Upon successful completion of the Maintenance of Certification program the physician will be granted a new time-limited certificate consistent with the then current policies of ABIM.

Irregular Behavior on Examinations

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., beepers, pagers, cell 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 piracy.

ABIM Sanctions for Irregular Examination Behavior, Violation of its Copyright, or Other Misuse of its Materials

Irregular or improper behavior in examinations that is observed, made apparent by data forensics, 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. In addition ABIM may at its discretion suspend or revoke certification, exclude candidates from future examinations, and inform program director(s), licensing bodies, impaired physicians advocacy groups, or law enforcement agencies of ABIM's actions. Those who take ABIM examinations have a continuing obligation to maintain examination confidentiality. Disclosure of secure examination content, inducement of others to disclose such content, violation of ABIM's copyrights or other misuse of ABIM material that subverts its processes may constitute grounds for any of the foregoing actions.

Competency in Technology

Consistent with the ABMS/ACGME General 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.

Re-examination

Candidates who are unsuccessful on an examination may apply for re-examination. To be granted admission, candidates must meet all applicable licensure, professional standing and procedural requirements. As long as these requirements are met, there is no restriction on the number of opportunities for re-examination.

Schedule of Examinations

The schedule of examination dates, examination fees and policies regarding late applications and refunds may be found on ABIM's website at www.abim.org. 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.

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The information provided in this print publication, *Policies and Procedures for Certification, August 2009*, and on ABIM's website governs the American Board of Internal Medicine's decision about eligibility for certification. This edition supersedes all previous publications. 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. ABIM is a member of the American Board of Medical Specialties.



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