

# 80 years of promoting EXCELLENCE in health care

1936

First American Board of Internal Medicine (ABIM) examination is administered in Internal Medicine



1940s

First subspecialties introduced in Cardiovascular Disease, Gastroenterology and Pulmonary Disease  
Essay questions discontinued and replaced by multiple choice questions

1960s

ABIM Board of Directors (BOD) explored discontinuing "lifetime" certification as rapidly increasing medical innovations call for a more continuous program

Ultimately, BOD concluded that ABIM did not yet have the capacity to develop a recertification program

1970s

Oral exams are discontinued

Subspecialties introduced in Endocrinology, Diabetes & Metabolism; Infectious Disease; Nephrology; Rheumatology; and Medical Oncology

1980s

Subspecialties introduced in Critical Care Medicine and Geriatric Medicine as the first time-limited certifications

1990s

All new ABIM certificates are time-limited, requiring a Maintenance of Certification (MOC) exam every 10 years

Subspecialties introduced in Clinical Cardiac Electrophysiology, Sports Medicine, Adolescent Medicine, and Interventional Cardiology

All exams converted from pencil and paper to computer-based

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MOC credit offered for approved society-developed medical knowledge modules and external quality improvement activities

Subspecialties introduced in Transplant Hepatology, Sleep Medicine, and Hospice and Palliative Care Medicine

ABIM began to give MOC credit for quality improvement activities in which physicians are already engaged

Subspecialties introduced in Advanced Heart Failure and Transplant Cardiology

ABIM re-structured its governance to include a Council and subspecialty boards that include practicing physicians, academics, patient advocates and nurses

The ABIM BOD commissioned a Task Force called Assessment 2020 to develop a vision for the future of assessment

ABIM introduced a more continuous MOC program intended to help physicians stay current

After listening to feedback, ABIM decided that the program did not meet doctors' needs and suspended some elements in order to work with the community to make improvements

Assessment 2020 committee issued a final recommendation for shorter, less onerous assessments

ABIM established a community engagement department that:

Facilitated meetings with physicians at medical societies to hear concerns

Distributed a physician survey to get feedback about potential changes to the current MOC assessment and received more than 9,000 responses

Invited physicians to participate in exam blueprint review

An enhanced exam score report is created that includes more useful information about physician performance

ABIM and ACCME announced a collaboration expanding the options available to physicians to receive MOC credit for CME activities

Subspecialty introduced in Adult Congenital Heart Disease

ABIM received nearly 24,000 responses to a second survey to engage physicians in building a new MOC assessment pathway

Formed an Insights Network of physicians who would like to engage with ABIM by providing feedback for ongoing program changes

ABIM and ACCME announce CME Finder, web-based tool that helps physicians find activities that earn both CME and MOC with seamless reporting to ABIM MOC program

ABIM conducted a research study on open-book testing in order to learn if it would be a good enhancement for the physician assessment

ABIM announced a new MOC assessment pathway that allows doctors to take more frequent, lower-stakes assessments in a location of their choosing by 2018

2016

2014

(early)  
2010s

2000s

