

American Board of Internal Medicine Will Discontinue Requirement for Maintaining Underlying Board Certification

ABIM Council Approves Policy Change Driven by Community Input

Philadelphia, PA, July 1, 2015 – Diplomates certified in nine subspecialties of internal medicine will no longer need to maintain underlying certifications to stay certified in those areas, the American Board of Internal Medicine (ABIM) announced today. With this policy change, no disciplines in ABIM’s Maintenance of Certification (MOC) program will require underlying certification. All ABIM diplomates will be able to choose the certifications they wish to maintain.

The new policy, unanimously passed by the [ABIM Council](#), goes into effect on January 1, 2016, and removes requirements of underlying certification in the following disciplines:

- Maintaining Cardiovascular Disease certification will no longer be required to maintain certification in Advanced Heart Failure & Transplant Cardiology, Clinical Cardiac Electrophysiology, Interventional Cardiology and Adult Congenital Heart Disease
- Maintaining Gastroenterology certification will no longer be required to maintain certification in Transplant Hepatology
- Maintaining another certification will no longer be required to maintain certification in Adolescent Medicine, Hospice & Palliative Medicine, Sleep Medicine and Sports Medicine

This policy will not change the requirements for initial certification in these subspecialties. Physicians still need to be certified in a foundational discipline in order to initially certify in a subspecialty.

“While those underlying disciplines are important in building the foundation of knowledge for initial overlying subspecialty certification, keeping the underlying certification MOC requirement in place did not account for the increased specialization of these physicians’ practices over their careers,” said Richard J. Baron, MD, President

and CEO of ABIM. “As we work to increase the relevancy of the Maintenance of Certification program for physicians, we want to give them greater flexibility to choose to recertify in those areas that best reflect what they are doing in practice.”

Fifteen medical specialty societies offered feedback on the proposed policy and were generally supportive of the change:

- American Academy of Hospice and Palliative Medicine
- American Academy of Sleep Medicine
- American Association for the Study of Liver Diseases
- American College of Cardiology
- American College of Gastroenterology
- American College of Physicians
- American Gastroenterological Association
- American Medical Society for Sports Medicine
- American Society for Gastrointestinal Endoscopy
- American Society of Transplantation
- Heart Failure Society of America
- Heart Rhythm Society
- Society for Adolescent Health and Medicine
- Society for Cardiovascular Angiography and Interventions
- United Network for Organ Sharing

The ABIM Council reviewed society feedback, as well as feedback from ABIM diplomates asking that the requirement be changed.

“Working with the specialty societies and ABIM Board Certified physicians was a critical part of this process,” said Jeanne M. Marrazzo, MD, Chair of the ABIM Council. “Their feedback made it clear that the MOC policy on underlying certifications needed to change. This collaborative approach helped us reach a decision that more accurately corresponds to the way physicians actually practice, allowing them the option to focus only on MOC activities relevant to their practice. We know that some physicians practice in more than one area and may choose to maintain both – but now all physicians have a choice.”

Physicians scheduled for a Fall 2015 MOC exam in an underlying certification area will no longer need to take the exam to remain certified in an overlying subspecialty. ABIM’s exam [cancellation](#) policy will apply to diplomates who choose to cancel their exam registration. Over the next few weeks, ABIM will reach out directly to all diplomates affected by this policy change.

About ABIM

For more than 75 years, certification by the American Board of Internal Medicine (ABIM) has stood for the highest standard in internal medicine and its 20 subspecialties and has meant that internists have demonstrated – to their peers and to the public – that they have the clinical judgment, skills and attitudes essential for the delivery of excellent patient care. ABIM is not a membership society, but a non-profit, independent evaluation organization. Our accountability is both to the profession of medicine and to the public. ABIM is a member of the [American Board of Medical Specialties](#). For additional updates, follow ABIM on [Facebook](#) and [Twitter](#). ABIM is committed to engaging the internal medicine community so that its programs reflect what physicians in practice today are doing. [Subscribe to the ABIM blog](#) for updates and to learn about opportunities to provide input and take part in this work.