ABEM Policy on Required ABEM Maintenance of Certification Program Activity

BACKGROUND

The American Board of Emergency Medicine Maintenance of Certification (ABEM MOC) Program is a vehicle for renewing certification. Required activities for diplomates to maintain certification are described below.

POLICY

ABEM diplomates must renew certification by participating in and meeting the following requirements.

Professionalism and Professional Standing

Diplomates’ medical licensure must continually comply with the ABEM Policy on Medical Licensure.

Lifelong Learning and Self-Assessment

Diplomates must pass eight LLSA tests within each ten-year certification period. Four of the required eight LLSA tests must be successfully completed by the end of their fifth full year of certification, and the second four tests in years six through ten of certification. Diplomates who do not complete their first five-year requirements on time will not lose certification, but will be reported as “not participating in MOC.” Diplomates cannot count LLSA tests they complete during one five-year period toward their next five-year requirement.

Board-eligible physicians who achieve certification can count their LLSA tests completed during the calendar year in which they became certified toward renewing their certification that start that year. The Policy on Board Eligibility defines board-eligible physicians.

Assessment of Knowledge, Judgement, and Skills

Diplomates must take and pass the ABEM Assessment of Knowledge, Judgement, and Skills (Continuous Certification [ConCert™] Examination) in the second five full years of certification. Diplomates are not required to complete their LLS or any other requirement for renewing certification prior to registering for the ConCert™ Examination, other than maintaining medical licensure in compliance with ABEM policy. Passing the ConCert™ Examination by itself does not renew certification. Certification is renewed on January 1 after expiration of the current certificate if all ABEM MOC requirements have been met.

Improvement in Medical Practice

Diplomates who are clinically active must complete and attest to completion of Improvement in Medical Practice (IMP) activities to maintain certification. Diplomates are required to complete one patient care practice improvement (PI) activity by the end of their fifth full year of certification, and one PI activity in years six through ten of certification. Diplomates who do not complete their first five-year requirements on time will not lose certification, but will be reported as “not participating in MOC.” IMP activities must follow ABEM IMP Activity Guidelines, described below.
Diplomates may report PI activities they complete within their practice. Alternatively, they may complete any ABEM-approved, third-party PI module.

Diplomates who inform ABEM that they are clinically inactive do not have IMP requirements. Clinically inactive diplomates can change their status to clinically active by completing one required IMP activity. When they become clinically active, diplomates will have IMP requirements current at the time they become clinically active.

**IMP Activity Guidelines**

ABEM guidelines for completion of IMP PI activities require that the diplomate follow the following four steps:

- Review patient clinical care data from ten of the diplomate’s patients. The data must be related to a single presentation, disease, or clinical care process that is part of *The Model of the Clinical Practice of Emergency Medicine* (EM Model). Group data is acceptable if the individual diplomate’s data is included. Measuring fewer than ten patients are acceptable if the activity is focused on a high-acuity, low-volume clinical issue.
- Compare the data to evidence-based guidelines. If such guidelines are not available, diplomates may use expert consensus or comparable peer data.
- Develop and implement a practice improvement plan which may be an individual or group effort.
- Review patient clinical care data from ten additional patients with the same presentation, disease, or clinical process as the first patient data review. Group data can be used if the diplomate’s own patients are included, and measuring fewer than ten patients is acceptable if the activity is focused on a high-acuity, low-volume clinical issue. Use the new data to evaluate whether clinical performance has positively changed or if acceptable performance has been maintained.

**Reporting IMP Activities to ABEM**

Diplomates report completion of IMP activities to ABEM by attesting that they have completed the activities following the ABEM IMP Activity Guidelines described above.

When diplomates attest to completion of IMP activities, they are required to specify an independent verifier of their activities. The verifier must be someone with oversight or knowledge of practice performance.

Five percent of reported IMP activities will be randomly selected for verification. ABEM will ask verifiers to affirm that all of ABEM’s guidelines for completion of the activity were met. Any activity that is not verifiable will not meet the requirement.

**Renewal of Certification**

Diplomates who have met all their ABEM requirements to renew certification will renew certification on January 1 immediately following expiration of their previous certification.

**Nonrenewal of Certification**

Diplomates who do not meet all their ABEM requirements to renew certification by their certification expiration date become former diplomates and are no longer certified. ABEM provides options for former diplomates to regain certification, defined in the Policy on Regaining Certification. The options for regaining certification are based on the following:

- The number of required ABEM requirements to renew certification a physician completed prior to certification expiration
- Whether more than five years have elapsed since the physician’s certification expired.
APPEALS

The American Board of Emergency Medicine maintains an appeal process for diplomates and former diplomates who do not fulfill the requirements described in this policy.

EXCEPTION

None

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