## AMERICAN BOARD OF EMERGENCY MEDICINE (ABEM)

# PAIN MEDICINE ELIGIBILITY CRITERIA FOR ABEM- AND AOBEM-CERTIFIED PHYSICIANS

Pain medicine is the medical discipline concerned with the diagnosis and treatment of the entire range of painful disorders. Because of the vast scope of the field, pain medicine is a multidisciplinary subspecialty. The expertise of several disciplines is brought together in an effort to provide the maximum benefit to each patient. Although the care of patients is heavily influenced by the primary specialty of physicians who subspecialize in pain medicine, each member of the pain treatment team understands the anatomical and physiological basis of pain perception, the psychological factors that modify the pain experience, and the basic principles of pain medicine.

Certification in the subspecialty of Pain Medicine is available to physicians certified by the American Board of Emergency Medicine (ABEM) and the American Osteopathic Board of Emergency Medicine (AOBEM) who fulfill the eligibility criteria and pass the Pain Medicine Certification Examination.

The Pain Medicine eligibility criteria were determined by the American Board of Anesthesiology, the primary sponsor board of the subspecialty. ABEM is a co-sponsoring board of the subspecialty. These criteria cannot be appealed.

## **ELIGIBILITY CRITERIA**

The general criteria for emergency physicians seeking certification in Pain Medicine are as follows:

- The physician must be certified by ABEM or AOBEM. (For AOBEM-certified physicians, see Special Considerations for AOBEM-certified physicians, page 2)
- The physician must be participating in the ABEM continuing certification process or the AOBEM Osteopathic Continuing Certification (OCC) program at the time of application and throughout the certification process.
- The physician must fulfill the ABEM Policy on Medical Licensure.

Additionally, the physician must fulfill the eligibility criteria of the Fellowship Training Pathway.

## **Fellowship Training**

Physicians must have successfully completed a minimum of one year in an ACGME-accredited Pain Medicine Fellowship.

If the Pain Medicine fellowship is structured so that it is longer than one year, the physician must successfully complete the requirements of the fellowship program to apply through this pathway.

The physician must successfully complete the fellowship training by the date of the examination.

ABEM will independently verify with the fellowship program director, the applicant's successful completion of the Pain Medicine fellowship training.

# **Special Consideration for AOBEM-certified Physicians**

AOBEM-certified physicians may apply for subspecialty certification if all of their fellowship training occurs in an ACGME-accredited fellowship on and after July 1, 2015. This exception will be available to AOBEM-certified physicians who graduate from an ACGME-accredited fellowship before July 1, 2022. The ABEM eligibility criteria do not allow AOBEM-certified physicians who were enrolled, or who graduated from, ACGME-accredited fellowship programs before July 1, 2015, to apply for ABEM subspecialty certification.

## **TIMING CONSIDERATIONS**

Physicians seeking certification in more than one specialty or subspecialty may not apply the same postgraduate training period towards fulfilling the requirements of more than one specialty or subspecialty.

#### CERTIFICATION

ABEM- and AOBEM-certified physicians who have met the Pain Medicine eligibility criteria and who pass the Pain Medicine Certification Examination are recognized as being certified in the subspecialty of Pain Medicine. Certification is for a period of five years.

Certificates are dated from the day the examination results are made available to the physician and expire December 31, five years thereafter. Physician's certified in Pain Medicine are not required to maintain their Emergency Medicine certification, but are required to participate in a Pain Medicine continuing certification process in order to renew their certification beyond five years.

Initially Approved April 2014 Effective April 2014 Revised February 2021