What if there was no ABEM?

What if there was no ABEM? Let's go back to 1979, when ABEM was recognized by the American Board of Medical Specialties (ABMS) as the 23rd medical specialty. Before that there was an evolving idea about a “specialty” of Emergency Medicine. There was the American College of Emergency Physicians (ACEP), which had been founded in 1968 and was comprised mostly of physicians who worked in “emergency rooms” but had no special training. There was the Society of Teachers of Emergency Medicine (STEM) and the University Association for Emergency Medical Services (U/A/EMS), which represented those who taught Emergency Medicine in academic medical centers. There was a handful of Emergency Medicine residencies, and a fledgling journal, the Journal of the American College of Emergency Physicians (JACEP, later, Annals of Emergency Medicine), but no real recognition of Emergency Medicine as a specialty.

In 1979, two events occurred that were to change the history of medicine forever: the American Medical Association (AMA) recognized ACEP, giving Emergency Medicine section status within its House of Delegates; and the ABMS recognized ABEM as a conjoint, modified board and the 23rd medical specialty. Ten years later the ABMS recognized ABEM as a primary board.

Well, that was 37 years ago. What if we were still practicing in the world before 1979 today? Let’s look at some of the changes that might not have happened without ABEM.

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From the President continued

First, there would be no certifying body for the specialty for residents who complete training. Without certification, which all of the other specialties have for their residency graduates, EM graduates would be like graduates without a specialty.

Second, there would be no core content to guide residency training. ABEM has served a convening and coordinating role for the major EM organizations for the creation of The Model of the Clinical Practice of Emergency Medicine. Without ABEM, there might not be a clinical model to develop the teaching curriculum and the testing foundation for Emergency Medicine. Residencies might continue to exist, but ABEM as a main supporter would not be available to collaborate with the other organizations to create the requirements for EM residencies.

Third, since credentialing by most hospital medical staffs and insurance companies and other payers requires some verification of postgraduate training and certification, physicians practicing in emergency rooms would likely have to be certified by one of the other primary boards. Can you imagine being certified by any board other than ABEM?

Fourth, there would likely be no emergency subspecialists in the emergency room. Although some current subspecialties would likely still exist, training and certification would be under the auspices of other specialty boards, and therefore subject to their requirements. And certain subspecialty certifications such as Critical Care Medicine would not be available to emergency physicians.

Fifth, merit badge medicine would reign supreme. Because there would be no board to set the standards for training and certification for physicians working in emergency rooms, there would be an endless list of required supplemental courses, including BLS, ACLS, PALS, APLS, ATLS, etc., not to mention special credentialing in procedural sedation and stroke care.

Sixth, the working environment in the emergency room would likely be drastically different. Prior to 1979, it was common for a panoply of physicians from other specialties to work together as ER docs. There would be no distinction between trained emergency physicians and other specialty-trained physicians. And there would likely be little common ground for professional growth and shared practice.
Seventh, there would certainly be less pay. Current surveys show that board-certified emergency physicians make $7,000 more per year on average in total compensation than their non-certified colleagues. And, this is well-deserved because of their training, knowledge, skills, and commitment to their specialty.

Eighth, there would be no group within the board community promoting the value of specialty-trained emergency physicians. ABEM advocates for emergency physicians by supporting their training and adding value to Emergency Medicine certification in the medical professional community. And even though ABEM is not a membership or advocacy organization, ABEM does promote the standards for the specialty.

And last, we are all potential consumers of emergency care—or will be, which includes our families, friends, and neighbors. Would you really want a return to the “good old days” when the “practice” of Emergency Medicine was totally unregulated, and anyone, literally anyone, who had a medical degree, could work in an “ER?” Would you want to be taken care of by just any ER doc who happened to be on duty, regardless of training or certification? Or, would you want to be cared for by someone that you knew had met high standards for training, initial certification, and ongoing certification? After all, isn’t the care of our patients—those we know and those we have never met before—the most important thing that we do?

Think about it. Is not the world of medicine and health care better today with the help and guidance of ABEM? Well, ABEM is here. And ABEM has helped to make the difference, just like its mission statement says, “To ensure the highest standards in the specialty of Emergency Medicine.” I am asking for your assistance and your support to help ABEM continue to move our specialty forward. Please consider volunteering your expertise and become an ABEM item writer, oral board examiner, member of a task force, or a director. Your input will help make Emergency Medicine better and stronger—the best that it can be.

Would you really want a return to the “good old days” when the “practice” of Emergency Medicine was totally unregulated, and anyone, literally anyone, who had a medical degree, could work in an “ER?”
ABEM Maintenance of Certification (MOC)
An ABMS Maintenance of Certification® Program

Your MOC requirements are available on your Personal Page. Go to www.abem.org and sign in using your User ID and Password. If you have any questions, email moc@abem.org, or call 517-332-4800, ext. 383.

Why the ConCert™ Examination?

ABEM certification has always been time-limited. This was a deliberate choice made by the group of physicians that submitted the original application for EM to be recognized as a distinct medical specialty. It was believed that a lifetime certificate would not assure the public that physicians could maintain their competencies throughout their careers. Consequently, ABEM required physicians to be periodically assessed about their knowledge, judgement, and skills against an external national standard.

A well-designed multiple choice question (MCQ) examination is not based on fact recall, but one that can glean a tremendous amount of information about a physician’s cognitive skills. This is evidenced in the content of the ConCert™ Examination, which requires some form of diagnostic processing for the majority of questions. In addition, LLSA activities have an emphasis on improving diagnostic accuracy. The LLSA reading lists have included five articles specific to diagnostic error and over 32 percent of the readings focus on diagnoses that have a high incidence of leading to a medical malpractice case. Given that the most recent report in the Institute of Medicine’s Quality Chasm series, Improving Diagnosis in Health Care, describes diagnostic error as “a critical type of error in health care,” this focus appears appropriate.

Recent efforts within the ABMS board community have focused on pilots that assess knowledge, judgement, and skills using longitudinal assessments rather than an every-ten-year examination. These formats use a frequently transmitted question or questions for physicians to answer that can be delivered via a mobile platform. So far, ABEM is uncertain that the research and experience support this methodology as the best method of assessment for ABEM diplomates. The alternative assessment method would also have to show that its learning and assessment advantage is better than the current combination of LLSA tests and the ConCert™ Examination. ABEM will continue to carefully monitor these efforts.
Statement of MOC Value

ABEM certification is an accomplishment in which the emergency physician can take pride. It represents physicians' highest professional credential, reflecting that they have met an externally developed national standard. Emergency physicians who participate in MOC demonstrate to the public that they are actively engaged in a program of continuous professional development that assists the physician in delivering the highest quality and most current patient care.

MOC Program Updates

Patient Satisfaction Surveys Not Required

On June 21, 2016, ABEM implemented a pilot to no longer require diplomates to attest to completion of a communication/professionalism (C/P) activity. During the pilot, diplomates will see the status “You do not have a requirement,” or in some cases, “Future requirement on hold” on their ABEM MOC Personal Page. The pilot extends through December 31, 2018. C/P activities did not perform well as a quality measure. As a result, ABEM launched the pilot to find a more meaningful way to assess a physician’s contribution to the patient’s experience of care. The decision does not infer that communication and professionalism are not relevant to clinical practice. ABEM recognized that activities included in other aspects of the MOC Program related to communication and professionalism might better account for meaningful efforts in improving the patient experience of care in the emergency department. In tandem with the pilot, ABEM is undertaking a research project with the aim of more reliably measuring professionalism in emergency physicians.

Self-assessment Credits Covered by LLSA Activities

As part of the CME requirement, diplomates were asked to attest that eight of their 25 annual CME credits be self-assessment credits. Because LLSA tests are self-assessment activities, the self-assessment credit requirement is automatically met by physicians who have met the LLSA requirement. As of August 30, 2016, ABEM no longer requires that diplomates attest to completing “self-assessment” CME credits.
Have You Read Any Good Articles Lately?

Have you or your colleagues recently read an article or book chapter that you found particularly fascinating, important, relevant to the practice of Emergency Medicine, or that changed your clinical practice? If so, ABEM encourages you to submit it for consideration as an LLSA reading. Articles can be on topics related to the practice of Emergency Medicine, Emergency Medical Services, or Medical Toxicology. To submit an article or book chapter, go to http://www.abem.org/LLSA-Reading-Lists, which includes instructions for how to send in an article. If you have any questions, please email them to LLSA@abem.org, or call 517-332-4800, ext. 314.

Does Your Certification Expire in 2021?

If your certification expires in 2021, you have MOC requirements due by December 31, 2016. By that date, you must have:

- Passed 4 LLSA tests (one of which must be the Patient Safety LLSA)
- Completed and attested to an average of 25 AMA PRA Category 1 Credits™ per year
- Completed and attested to 1 Practice Improvement activity

If you do not complete your unmet MOC requirements by this date, you will not lose your ABEM certification; however, ABEM is required to designate and publicly report that you are "not participating in MOC."

To find out if you have any uncompleted requirements, go to www.abem.org, and sign in using your User ID and Password.

Does Your Certification Expire in 2016?

If your certification expires in 2016, you must complete your MOC requirements by December 31, 2016. Remember, you can pass the ConCert™ Examination and not have your certification renewed if you have outstanding LLSA tests, CME credits, or Improvement in Medical Practice requirements. All of your MOC requirements must be completed by December 31, 2016, to renew your certification.
ABEM Projects and Activities

2016-2017 Executive Committee

At its summer 2016 meeting, ABEM elected the following directors to the 2016-2017 Executive Committee (pictured below from left to right):

Michael L. Carius, M.D., President
Terry Kowalenko, M.D., President-Elect
Barry N. Heller, M.D., Immediate-Past-President
Robert L. Muelleman, M.D., Secretary-Treasurer
Jill M. Baren, M.D., Member-at-Large
Catherine A. Marco, M.D., Senior Member-at-Large

Retiring Board Member

ABEM wishes to thank Francis L. Counselman, M.D., who recently completed his term of service on the ABEM Board of Directors. Dr. Counselman’s first term began in 2008, and he served as President of the Board in 2014-2015. In addition to his term as president, Dr. Counselman provided leadership in a variety of roles, including as examination editor, chief examiner for the Oral Certification Examination, and Chair of the Test Development Committee. He will continue to serve the Board as a senior director, oral examiner, and participant in the Residency Visitation Program. Thank you again for your service, Dr. Counselman!
Call for Director Nominations

The Board of Directors will elect two new members at its February 2017 meeting. One position will be elected from a slate provided by the EM community-at-large, and the other from a slate selected by the Society for Academic Emergency Medicine (SAEM, an ABEM sponsor). Nominee requirements, a nomination form, and a list of other required documentation are available on the ABEM website at www.abem.org/Nominations. Nominations are due to ABEM by December 1, 2016.

Exam Standards and Score Evaluations:
Medical Toxicology Examinations

It is time to update the passing scores for the Medical Toxicology Certification and MOC Cognitive Expertise examinations. The passing standards for both examinations will be revisited with the 2016 administration of the certification examination, and the 2018 administration of the MOC examination.

The process for setting a passing score is based on several decades of study by specialists in testing science, and is considered a best practice in the field. For the Medical Toxicology examinations, a diverse panel of Medical Toxicology–certified, clinically active physicians will evaluate each examination question by considering how a physician meeting the threshold for certification in Medical Toxicology would perform. Their analysis will provide the Medical Toxicology Subboard a recommended passing score. All examinations will continue to be criterion referenced; that is, curves, quotas, or percentage passing will not be used for setting any passing score. This process is used by nearly all major educational assessment organizations and by most American Board of Medical Specialties Member Boards.

Fees Remain Fixed for 2017

Fees for ABEM examinations and LLSA tests will remain the same in 2017. This includes the Qualifying Examination, Oral Certification Examination, ConCert™ Examination, and LLSA tests. This marks the fifth consecutive year that there has not been an increase in examination fees, and the sixth year for LLSA test fees.
Status Verifications Now Available Online

Diplomates and candidates can now print verification of their ABEM certification status and dates via the ABEM website. (Previously physicians were required to contact ABEM and have status verifications sent via email or the postal service.) To print your ABEM certification status letter, sign in to the ABEM website and click the “Print Verification of ABEM Status” button on the left navigation bar.

Board Eligibility

As of January 1, 2015, ABEM implemented its Policy on Board Eligibility. ABEM now recognizes the term board eligible. Board eligibility starts on the date a physician graduates from an ACGME- or RCPSC-accredited EM residency program or an ABEM-approved combined residency program. They are board eligible for five years, whether or not they have applied for certification. For physicians who were in the certification process on January 1, 2015, their board eligibility began on that date. Physicians will not have any additional eligibility requirements under the policy if they apply for certification, take and pass the first Qualifying Examination available to them, and take and pass the first Oral Certification Examination assigned to them. If there is a delay in any of these three activities, physicians will have additional requirements (LLSA tests and CME) until they become board certified. Details are available on the ABEM website at www.abem.org/Board_Eligibility.

Physicians should not rely solely on ABEM reminders as they are subject to all requirements and policies irrespective of whether they receive a reminder.

If you have questions, please email BoardElig@abem.org or call 517-332-4800, ext. 384.

IMPORTANT NOTICE

ACCM and EMS Practice Pathways Closing

The practice pathway for Anesthesiology Critical Care Medicine (ACCM) will close in 2018 on the final date of the 2018 ACCM application cycle.

The practice pathway for Emergency Medical Services (EMS) will close in 2019 on the final date of the 2019 EMS application cycle.

If you have any questions about subspecialty certification, please contact ABEM at subspecialties@abem.org, or 517-332-4800, ext. 387.
Oral Examiner Awards, Spring 2016

During the opening General Session at each Oral Certification Examination administration, ABEM presents awards to oral examiners based on the number of examinations in which they have participated. In acknowledgement of their generous service to the Board’s examination process, ABEM recognized 19 examiners at the spring 2016 Oral Certification Examination. The Board of Directors sincerely appreciates the many contributions these individuals have made over their years of service to ABEM’s Oral Certification Examination program. The awards were presented by Barry N. Heller, M.D., President and Chair of the Test Administration Committee, and Jill M. Baren, M.D., Vice-Chair of the Test Administration Committee, on behalf of the Board.

CLOCK – 8 Exams
Dr. Heller (left) and Dr. Baren (right) presented the award to Osman Sayan, M.D.; Catherine A. Marco, M.D.; Robert A. Riggs, M.D.; Ilse M. Jenouri, M.D.; and Theodore R. Delbridge, M.D.

PLAQUE – 16 Exams
Dr. Heller (left) presented the award to Dr. Baren; Samuel M. Keim, M.D.; Kathryn E. Kampen, M.D.; Robert A. Swor, D.O.; Amy F. Church, M.D.; William K. Chiang, M.D.; Robert L. Muellman, M.D.; and John T. Finnell, II, M.D.

HOURGLASS – 24 Exams
Dr. Heller (left) and Dr. Baren (right) presented the award to Carl R. Chudnofsly, M.D.; John C. Moorhead, M.D.; Mark S. Gibson, M.D.; and Les M. Puretz, D.O.

PEN AND PENCIL SET – 32 Exams
Dr. Heller (left) and Dr. Baren (right) presented the award to Richard H. Rosenthal, M.D.

TELESCOPE – 40 Exams
Dr. Baren (center) presented the award to Dr. Heller and G. Patrick Lilja, M.D.
ABEM Reference and Access Information

Reference information appears in many ABEM publications and on the ABEM website. ABEM updates this information periodically. For the most current information on Board policies, application and examination registration dates, examination dates, statistics, and other items of interest, please visit [www.abem.org](http://www.abem.org) or contact ABEM at 517-332-4800.

**Examination Dates 2016-2017**

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<th>Specialty</th>
<th>Certification Dates</th>
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<tr>
<td><strong>EMERGENCY MEDICINE</strong></td>
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<td>Certification</td>
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<tr>
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<td><strong>INTERNAL MEDICINE – CRITICAL CARE MEDICINE</strong></td>
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<td>Certification</td>
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<td><strong>MEDICAL TOXICOLOGY</strong></td>
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<td>Certification</td>
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<td><strong>PAIN MEDICINE</strong></td>
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<td>Recertification</td>
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American Board of Emergency Medicine
3000 Coolidge Road
East Lansing, MI 48823-6319
ADDRESS SERVICE REQUESTED

KEEP YOUR PERSONAL INFORMATION ACCURATE AT www.abem.org

ABEM needs your current email, mailing address, and other contact information to help you keep your certification current.

ABEM sends reminder letters by email only to candidates and diplomates for whom we have valid email addresses. Currently, ABEM has email addresses for over 99% of its diplomates. ABEM encourages you to update your personal information by signing into the ABEM website and selecting Personal Information.

If you do not have your ABEM User ID and password, go to www.abem.org, and click the sign in button on the upper right corner of the screen, then click “Need User ID or Password?” Follow the prompts. If the information you enter matches ABEM records, your User ID will be displayed on the screen, and your password will be sent to your email address.

You may also update your contact information using the form below. Email the form to AddressUpdate@abem.org, fax it to 517-332-4853, or mail it to ABEM at 3000 Coolidge Rd., East Lansing, MI 48823-6319.

PLEASE PRINT

Effective Date________________________________ Date of Birth_____________________________________

Name__________________________________________________________________________________________

Address_______________________________________________________________________________________

City________________________________________State/Province_________________Zip/Postal___________________

Home Phone________________________Work Phone________________________

Fax__________________________________________________________________________________________

Email________________________________________________________________________________________

Signature____________________________________________________________________________________