ABEM’S MISSION
TO ENSURE THE HIGHEST STANDARDS IN THE SPECIALTY OF EMERGENCY MEDICINE.

ABEM’S PURPOSES\(^1\)
To improve the quality of emergency medical care
To establish and maintain high standards of excellence in Emergency Medicine and its subspecialties
To enhance medical education in the specialty of Emergency Medicine and related subspecialties
To evaluate physicians and promote professional development through initial and continuous certification in Emergency Medicine and its subspecialties
To certify physicians who have demonstrated special knowledge and skills in Emergency Medicine and its subspecialties
To enhance the value of certification for ABEM diplomates
To serve the public and medical profession by reporting the certification status of the diplomates of the American Board of Emergency Medicine

\(^1\)ABEM holds the interests of patients and their families in the highest standing, particularly with regard to the provision of the safest and highest-quality emergency care. ABEM addresses its commitment to patients by supporting the physicians who provide care to the acutely ill and injured, and by working to transform the specialty of Emergency Medicine.
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Be stubborn about your goals, and flexible about your methods.
~ Author Unknown

Evolution
Making certification and recertification more relevant has always been a focus of ABEM’s efforts to maintain the highest standards in Emergency Medicine (EM). The evolution of continuous certification has been at the forefront of these activities:

- The ConCert Exam had its first spring administration in 2019
- In spring 2020, an online reference will be available to test takers

ABEM-certified physicians were seeking an alternative to the ConCert Exam, an assessment that would help them become better doctors, without being burdensome, and maintaining the high standard set by ABEM. What resulted was MyEMCert, which consists of online, content-based modules. Development of MyEMCert has progressed at a rapid pace. Decisions about the assessment made this year include:

- Eight modules required by certification end date
- Online format, taken remotely
- No collaboration
- Three attempts to pass each module

ABEM-certified, clinically active volunteers are developing scenarios and writing questions that will be included in the assessment. A pilot will take place in 2020, and if successful, MyEMCert will launch in 2021. I applaud directors and volunteers who are working so intensely to develop this unique assessment.

Another change to continuing certification requirements included dropping the need to attest to CME credits. ABEM recognized this requirement overlapped other activities.
Added Opportunities

Two additional certification opportunities were approved this year: Neurocritical Care and a Focused Practice Designation in Advanced Emergency Medicine Ultrasonography (see page 13 for details).

Gratitude

I would like to thank my fellow directors; without their incredible vision and hard work, the strides made this year would have been impossible.

A huge debt of gratitude goes to the hundreds of emergency physicians who volunteer their time—as oral examiners, question writers, subspecialty representatives, standard setting panel members, and more.

You willingly take time from your busy clinical practices to produce and administer ABEM examinations; we could not accomplish this without your dedication.

The strides made in the last year have been phenomenal, and we could not have done it without the incredible work ethic displayed by the ABEM staff. Their efforts are extraordinary.

I would especially like to thank all the ABEM-certified physicians, whose tireless work, constant compassion, and endless devotion to their patients and the specialty have made Emergency Medicine what it is today: a leader in the house of medicine.
LEADERSHIP

Board of Directors

Executive Committee
Robert L. Muellemann, M.D., President
Jill M. Baren, M.D., President-Elect
Terry Kowalenko, M.D., Immediate-Past-President
O. John Ma, M.D., Secretary-Treasurer
Michael S. Beeson, M.D., Member-at-Large
Robert P. Wahl, M.D., Senior-Member-at-Large

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Kerryann B. Broderick, M.D.
Wallace A. Carter, M.D.
Carl R. Chudnofsky, M.D.
Marianne Gausche-Hill, M.D.
Diane L. Gorgas, M.D.
Deepi G. Goyal, M.D.
Leon L. Haley, Jr., M.D.
Ramon W. Johnson, M.D.
Samuel M. Keim, M.D.
Mary Nan S. Mallory, M.D.
Lewis S. Nelson, M.D.
James D. Thomas, M.D.

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Melissa A. Barton, M.D., Director of Medical Affairs
Kathleen C. Ruff, M.B.A., Chief Administrative Officer
Susan K. Adsit, Associate Executive Director, Organizational Services
Timothy J. Dalton, Associate Executive Director, Evaluation and Research
Jennifer L. Kurzynowski, Associate Executive Director, Operations
Angela J. McGoff, Associate Executive Director, Certification Services
Michele C. Miller, Associate Executive Director, Systems and Technology

Front row, left to right: Diane L. Gorgas, M.D.; Robert L. Muellemann, M.D.; Marianne Gausche-Hill, M.D.; Michael S. Beeson, M.D.; Kerryann B. Broderick, M.D.
ABEM-CERTIFIED PHYSICIANS

38,052 current ABEM-certified physicians (4% increase from 2018)

6.4% hold subspecialty certification (2,433)

92.5% are residency trained

Data as of June 2019
Number of Current ABEM-certified Physicians

Distribution of ABEM-certified Physicians by Age and Training
In 2018-2019, nearly 16,000 proctored examinations were administered, and over 24,000 LLSA tests were completed.

- 2,101 took the Qualifying Exam and 95% passed among first-time test takers.
- 2,113 took the Oral Certification Exam and 96% passed among first-time test takers.
- 3,629 took the ConCert Exam and 95% passed among ABEM-certified physicians.
- 8,043 took the In-training Exam.

2,055 Newly Certified Physicians and 138 Regained Certification.

Detailed, longitudinal statistics are available in the tables beginning on page 18, and on the ABEM website.
The purpose of continuing certification is to maintain the highest standards of Emergency Medicine by partnering with physicians in their ongoing professional development; maintaining core knowledge, judgment, and skills; and integrating new medical advances in patient-centered care.

**New Assessment Option Being Developed**

The pace of development of MyEMCert—ABEM’s new option for maintaining certification—quickened in 2018-2019. MyEMCert will be piloted in 2020, and if successful, will be available in 2021 to physicians with certification end dates in 2022 and later. MyEMCert will be composed of eight short assessments, or modules, each on a specific clinical presentation, plus new advances in EM. All eight modules must be completed by a physician’s certification end date, no matter how soon that would occur. There will be a time limit to complete each module, and physicians will have three attempts to pass each module. ABEM will provide additional information as it becomes available; the ABEM website is a great source for the most recent updates. [www.abem.org/MyEMCert](http://www.abem.org/MyEMCert)

**ConCert Enhancements**

The ConCert Exam (along with the completion of the required number of LLSA tests) remains an option for continuing certification. The first administration of a spring exam was in 2019. Beginning in 2020 an online resource will be available during the exam.

**No More CME Attestation**

The requirement that ABEM-certified physicians attest to completing an average of 25 CME credits every year has been removed. The ABMS approved this change for ABEM because LLSA activities are essentially CME activities for which CME credit can be claimed. The requirement was dropped in 2019.

**Earn CME from Your ABEM Activities**

Beginning in 2018, physicians who passed the ConCert Exam or Oral Certification Exam can receive 60 AMA PRA Category 1 Credits™ at no cost. ABEM reached an agreement with the AMA to provide the credits as a benefit to ABEM-certified physicians. Physicians can request the credits via their ABEM Personal Page.

**New LLSA Test**

The 2019 Pediatric Emergency Medicine LLSA reading list and test became available, which provides another opportunity for ABEM-certified physicians to tailor learning to their clinical practices.

ABEM believes that continuing certification assists physicians in realizing their intrinsic desire to be better clinicians, and deliver safe, high-quality care.
Lifelong Learning and Self-Assessment

ABEM-certified physicians participate in the Lifelong Learning and Self-Assessment component of the continuing certification process:

- Four tests must be completed in each five-year period of certification
- Low-cost CME activities are available with most tests

Practice Improvement Measures

Emergency physicians are committed to raising the quality of care for their patients by participating in practice improvement projects. Those who participate can get credit for activities they are already doing by attesting through their ABEM Personal Page. Others can design a project that follows the four required steps: measure, compare to a standard, implement an improvement, and re-measure.

2018 Top Five Distinct Number of Practice Improvement Attestations

- **1,302** Time-related (throughput time, ED length-of-stay, and other process time measures)
- **762** Stroke-related
- **600** Infectious Disease-related
- **459** Other
- **427** Cardiac-related
- **5,340** Total PI Attestations

24,110 LLSA tests completed

16,754 LLSA CME activities completed
Almost 200,000 credits earned
2,433 ABEM-certified Physicians Hold a Subspecialty Certificate

In 2018-2019, ABEM issued 184 subspecialty certificates in seven subspecialties. ABEM-certified physicians also have access to subspecialty certification in Addiction Medicine, Brain Injury Medicine, Clinical Informatics, and Surgical Critical Care through other ABMS Boards.

<table>
<thead>
<tr>
<th>Subspecialty</th>
<th>Certificates Issued in 2018-19</th>
<th>Total Current Subspecialists</th>
</tr>
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<tbody>
<tr>
<td>Emergency Medical Services*</td>
<td>0 *</td>
<td>626</td>
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<tr>
<td>Medical Toxicology</td>
<td>49</td>
<td>419</td>
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<tr>
<td>Pediatric Emergency Medicine</td>
<td>39</td>
<td>277</td>
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<tr>
<td>Sports Medicine</td>
<td>19</td>
<td>199</td>
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<tr>
<td>Clinical Informatics</td>
<td>– **</td>
<td>197</td>
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<tr>
<td>Internal Medicine-Critical Care Medicine</td>
<td>26</td>
<td>196</td>
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<tr>
<td>Hospice and Palliative Medicine</td>
<td>31</td>
<td>161</td>
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<tr>
<td>Undersea and Hyperbaric Medicine</td>
<td>2</td>
<td>149</td>
</tr>
<tr>
<td>Addiction Medicine</td>
<td>– **</td>
<td>106</td>
</tr>
<tr>
<td>Anesthesiology-Critical Care Medicine</td>
<td>16</td>
<td>65</td>
</tr>
<tr>
<td>Surgical Critical Care</td>
<td>– **</td>
<td>27</td>
</tr>
<tr>
<td>Pain Medicine</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Brain Injury Medicine</td>
<td>– **</td>
<td>1</td>
</tr>
<tr>
<td>Neurocritical Care</td>
<td>0 ***</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>184</strong></td>
<td><strong>2,433</strong></td>
</tr>
</tbody>
</table>

* Certification examination not offered in 2018.

** Information not available; certificates issued by other ABMS Boards

*** First examination will be administered in 2021.

Effective in 2018, ABEM-certified physicians who also hold a subspecialty certificate are no longer required to maintain their EM certification for their subspecialty certificate to remain valid as long as they are participating in an ABEM-accepted continuing certification process.
Volunteers

More than 500 clinically active physicians volunteer their services to ABEM, a force that we could not operate without. Hundreds of examiners attend each spring and fall Oral Exam administrations. Fifty item writers produce new questions for multiple choice tests each year for Emergency Medicine certification, recertification, and subspecialty exams. Additional ABEM activities supported by volunteers are:

- Standard-setting panels review each multiple choice question or Oral Exam case, rate its difficulty, and assess its importance to the certification of emergency physicians
- Fairness and bias panels evaluate whether different outcomes (among different groups) on test questions or cases are due to knowledge or experience not relevant to the practice of EM
- Job analysis panels identify the tasks, skills, and responsibilities necessary in the practice of EM, the results of which are the basis for what is measured in an examination
- Other task forces and advisory groups, such as the LLSA CME reading group and the Stimulus Collection and Review Panel, that assist in the certification and recertification processes

Each of these volunteer physicians donate their time and effort to help assure that anyone certified in EM or any of its subspecialties meets the high standards expected of our specialty. Thank you!

A complete list of ABEM volunteers is available on the ABEM website. (www.abem.org/volunteer)

Pictured top: Job Analysis Advisory Panel
Pictured below: Spring Oral Exam Standard Setting Advisory Panel

[Captions on page 21.]

489 Oral Examiners
50 Item Writers and Editors
37 Standard Setting Panel Participants
21 Subboards and Exam Committees
39 Task Forces, Advisory Groups, etc.
19 Members of the Board of Directors
Subspecialty Representatives – ABEM Appointees

Emergency Medical Services Examination Committee
Theodore R. Delbridge, M.D.
Sophia K. Dyer, M.D.
Jeffrey M. Goodloe, M.D.
Alexander P. Isakov, M.D.
Douglas F. Kupas, M.D.
Vincent N. Mosesso, Jr., M.D.
Peter T. Pons, M.D., Chair
Kathy J. Rinnert, M.D.
Marianne Gausche-Hill, M.D., Director Liaison

Medical Toxicology Subboard
Theodore C. Bania, M.D., Chair
Robert G. Hendrickson, M.D.
Michael G. Holland, M.D.
Joshua G. Schier, M.D.
Andrew I. Stolbach, M.D.
Lewis S. Nelson, M.D., Director Liaison

Neurocritical Care Examination Committee
Jordan B. Boram, M.D.
Evadne G. Marcoloni, M.D.

Pediatric Emergency Medicine Subboard
Robert L. Cloutier, M.D.
Timothy A.M. Horeczko, M.D.
Nathan W. Mick, M.D.
Stacy L. Reynolds, M.D.
Ramon W. Johnson, M.D., ABEM Director Liaison

Sports Medicine Examination Committee
Moira Davenport, M.D.
Andrew D. Perron, M.D.

Undersea and Hyperbaric Medicine Examination Committee
Charles S. Graffeo, M.D.
Tracy L. LeGros, M.D.

Pictured top: EMS Examination Committee
Pictured bottom: Medical Toxicology Subboard
[Captions on page 21.]
**Newly Elected Directors**

The Board of Directors elected two new members in 2019: Yvette Calderon, M.D., and John L. Kendall, M.D. Their terms begin at the close of the summer 2019 Board of Directors meeting. Dr. Calderon practices clinically at Mount Sinai Beth Israel in New York, New York. Dr. Kendall’s clinical practice is with Denver Health Medical Center in Denver, Colorado.

![Yvette Calderon, M.D.](image1)

![John L. Kendall, M.D.](image2)

**Neurocritical Care**

Neurocritical Care (NCC) was approved as the newest subspecialty available to ABEM-certified physicians. NCC is devoted to the comprehensive multisystem care of the critically ill patient with neurological diseases/conditions. The NCC subspecialty is co-sponsored by the American Board of Anesthesiology, ABEM, the American Board of Neurological Surgery, and the American Board of Psychiatry and Neurology. The first examination for certification in NCC will take place in 2021. Eligibility criteria are available on the ABEM website.

**Advanced Emergency Medicine Ultrasonography**

A Focused Practice Designation (FPD) in Advanced Emergency Medicine Ultrasonography (AEMUS) was approved this year by the ABMS. Only ABEM-certified physicians will be eligible for the designation. The FPD will recognize expertise held by emergency physicians with sophisticated, comprehensive knowledge of advanced emergency ultrasonography. The first examination will be offered in 2022. Eligibility criteria are available on the ABEM website.
Milestone Recognition for 697 Physicians

ABEM recognizes physicians who mark 30 years of being board certified in Emergency Medicine with a special certificate. This year’s recipients included 697 physicians who had been board certified for 30 years as of December 31, 2018. Certificates are awarded annually to diplomates who achieve this milestone. ABEM applauds these physicians who have demonstrated a career-long commitment to excellence. A list of the 2019 recipients is posted on the ABEM website.

Coalition on Medical Merit Badges

ABEM continues to collaborate with nearly every major EM organization through the Coalition on Medical Merit Badges (COMMB). The Coalition promotes that ABEM certification supersedes the need for certified physicians to complete mandatory short courses or additional certifications (“merit badges”) often needed for hospital privileges. This year the Coalition worked to:

• Eliminate out-of-operating-room airway management (OORAM) requirements for ABEM-certified physicians working in the VA hospital system
• Provide a letter that ABEM-certified physicians can submit to hospital lab directors to allow them to be trained to directly provide point-of-care testing (bedside lab tests)

COMMB will continue to promote that short courses are not necessary for ABEM-certified physicians because of the high standard that certification represents.

Purpose of Initial Certification

The purpose of initial certification is to objectively and independently confirm that physicians who complete an Emergency Medicine residency demonstrate core knowledge, skills, and abilities needed to practice Emergency Medicine at the highest standards.

ABEM uses rigorous assessments to ensure that physicians graduating from Emergency Medicine residencies across the country demonstrate the knowledge and skills needed to provide safe, high-quality emergency care. Given the importance of initial certification, it is appropriate to have a secure, high-stakes assessment. This is especially important as patients cannot select their emergency physician.
As reported on ABEM’s 2018 990, net revenue totaled $1,438,416. At the same time, $1,920,609 came from investment income. This means ABEM had a negative net revenue from operations of $482,193. That deficit led the Board to slightly increase some exam fees.

**FINANCES**

### Revenue by Category

- **ConCert™**: 37%
- **Initial Certification**: 32%
- **LLSA**: 12%
- **Testing**: 25%
- **IT & Security**: 11%
- **Operations**: 10%
- **In-training Exam**: 5%
- **Investment Income**: 10%
- **Other**: 4%

*Unaudited data*

### Spending by Category

- **Staffing**: 40%
- **Testing**: 25%
- **Operations**: 10%
- **Meetings**: 8%
- **Miscellaneous**: 6%
### Audited Statement of Financial Position

**June 30, 2018**

**Assets**

*Current assets*
- Cash and cash equivalents: $1,983,074
- Accrued investment income: $108,235
- Investments: $35,087,822
- Prepaid expenses: $157,220
- Total current assets: $37,336,351

*Property, equipment, and software*
- $8,295,683
- Less: accumulated depreciation and amortization: $(3,635,162)
- Net property, equipment, and software: $4,660,521

*Other assets*
- Deposits: $95,638
- Total assets: $42,092,510

**Liabilities and Net Assets**

*Current liabilities*
- Accounts payable: $111,475
- Accrued payroll: $123,337
- Accrued payroll tax: $8,010
- Deferred revenue: $3,938,090
- Current portion of capital lease payable: $9,362
- Current portion of note payable: $785,599
- Total current liabilities: $4,190,274

*Long-term liabilities*
- Compensated absences: $583,296
- Capital lease payable, net of current portion: $-100
- Note payable, net of current portion: $-100
- Total long-term liabilities: $583,296
- Total liabilities: $4,773,570

*Net assets*
- Unrestricted and undesignated: $37,318,940
- Total liabilities and net assets: $42,092,510

**Revenues**

- $14,989,167

**Expenses**

- Direct Certification Expense: $6,634,508
- Governance: $1,967,196
- International: $6,255
- Office administration: $2,816,643
- Outreach/liaison: $1,205,975
- Program development: $573,079
- Research: $178,921
- Subspecialties: $752,659
- Training/academic relations: $785,599
- Miscellaneous: $62,945
- Total expenses: $14,983,780

*Change in net assets*

- $2,387

*Other income (expense)*

- $1,777,801

*Change in net assets*

- $1,780,188

*Net assets, at beginning of year*

- $35,538,752

*Net assets, at end of year*

- $37,318,940

* Before other income and gains
Thank you for your legacy and contributions to the specialty of Emergency Medicine.

Carol D. Berkowitz, M.D. 2003–2006
Howard A. Bessen, M.D. 2002–2010
Paul D. Bruns, M.D. 1980–1983
Michael L. Carius, M.D. 2009–2018
Joseph E. Clinton, M.D. 1986–1994
Robert E. Collier, M.D. 2004–2012
Lily C. A. Conrad, M.D. 2002–2010
Francis L. Counselman, M.D. 2008–2016
Rita Kay Cydulka, M.D. 2002–2010
Steven J. Davidson, M.D. 1986–1995
John H. Davis, M.D. 1979–1984
Frank A. Disney, M.D. 1979–1980
Lynnette Doan-Wiggins, M.D. 1999–2008
Joel M. Geiderman, M.D. 2003–2011
Jeffrey G. Graff, M.D. 1996–2005
Harris B. Graves, M.D. 1980–1987
Barry N. Heller, M.D. 2008 – 2017
Bruce D. Janiak, M.D. 1986–1995
David A. Kramer, M.D. 2009–2013
Ronald L. Krome, M.D. 1976–1988
Jo Ellen Linder, M.D. 2004–2012
Louis J. Ling, M.D. 1997–2007
Catherine A. Marco, M.D. 2009–2018
Mark A. Malangoni, M.D. 1998–2002
Henry D. McIntosh, M.D. 1979–1986
W. Kendall McNabney, M.D. 1982–1986
Harvey W. Meislin, M.D. 1986–1994
J. Mark Meredith, M.D. 2004–2012
Sheldon I. Miller, M.D. 1999–2006
John C. Moorhead, M.D. 2004–2014
John F. Murray, M.D. 1986–1989
Thomas K. Oliver, Jr., M.D. 1980–1981
Debra G. Perina, M.D. 2003–2011
Nicholas J. Psacano, M.D. 1979–1986
Roy M. Pitkin, M.D. 1990–1998
George Podgorny, M.D. 1976–1988
Peter T. Pons, M.D. 1996–2004
J. David Richardson, M.D. 1994–1998
Frank N. Ritter, M.D. 1979–1988
Peter Rosen, M.D. 1976–1986
Robert J. Rothstein, M.D. 1996–2004
Earl Schwart, M.D. 1994–2002
Rebecca Smith-Coggins, M.D. 2007–2015
Mark T. Steele, M.D. 2003–2012
Richard M. Steinhilber, M.D. 1979–1980
Robert W. Straus, M.D. 2007–2015
Harold A. Thomas, M.D. 2001–2010
Robert Ulstrom, M.D. 1982–1986
Michael V. Vance, M.D. 1986–1995
# Certification

## Qualifying Examination

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<tr>
<th>Date</th>
<th>EM Residency-eligible</th>
<th>Total Candidates¹</th>
<th>Oral Certification Examination</th>
<th>Total Candidates¹</th>
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<td>First-time Takers</td>
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¹ 1995 was the first year that a reference group of EM residency-eligible, first-time test takers was used to construct the written certification examination, now known as the qualifying examination.

² Number indicates the percent of the total that passed.

³ Candidates do not include former diplomates attempting to regain certification through the qualifying and/or oral examination.
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ACCM: Anesthesiology Critical Care Medicine  
EMS: Emergency Medical Services  
HPM: Hospice and Palliative Medicine  
IM-CCM: Internal Medicine – Critical Care Medicine  
MedTox: Medical Toxicology  
Pain: Pain Medicine  
PedEM: Pediatric Emergency Medicine  
SPM: Sports Medicine  
UHM: Undersea and Hyperbaric Medicine
Statistics are reported by calendar year. The statistics accurately reflect the examinations administered during the designated periods, and all examination data are included. Candidates who took more than one examination are included more than once.

Total number of active diplomates on 12/31/2018 was 37,576.
PHOTO CAPTIONS


Page 12: (bottom) Medical Toxicology Subboard: Standing, left to right: Michael G. Holland, M.D.; Carl R. Baum, M.D.; Robert G. Hendrickson, M.D.; Theodore C. Bania, M.D.; Sean M. Bryant, M.D.; and ABEM Director Liaison Lewis S. Nelson, M.D. Seated left to right: Andrew I. Stolbach, M.D.; Diane P. Calello, M.D.; Joshua G. Schier, M.D.; and Michael I. Greenberg, M.D.