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**Comments from the American Geriatrics Society on the
ABMS Draft Standards for Continuing Certification**

July 8, 2021

About this Document

This document provides a summary of the AGS comments to ABMS on the [draft ABMS Standards for Continuing Certification](#), that were released for public comment on April 20, 2021. As background, ABMS establishes standards that its 24 Member Boards use to develop and implement longitudinal and formative assessment programs for certification of diplomate specialists. The new Draft Standards were developed with key stakeholders in response to the [recommendations of the Continuing Board Certification: Vision for the Future Commission](#) as well as of the wider stakeholder community.

Following each standard and commentary, are AGS' rating, and comments, for the standard. An AGS/ADGAP workgroup worked with staff to rate each standard and develop comments. We submitted our ratings and comments to ABMS via survey on July 8, 2021.

Introduction

The American Board of Medical Specialties (ABMS) and its Member Boards have a unique role in professional self-regulation. ABMS serves the public and the medical profession by improving the quality of health care through setting professional standards for lifelong certification in partnership with Member Boards. ABMS assists Member Boards in their development and use of assessment and professional standards for the certification of physicians and medical specialists in the United States. Member Board certification programs serve the patients, families, and communities of the U.S. by providing individual physicians and medical specialists (diplomates) with specialty-specific credentials on which the public and those acting on its behalf can rely.

ABMS board certification is a program of rigorous, continuing professional assessment and development. It begins with initial certification and is sustained through continuing certification, which is an ongoing program that exemplifies a lifelong dedication to professional growth, excellence, and a commitment to the ABMS/Accreditation Council for Graduate Medical Education (ACGME) Core Competencies.

These new "Standards for Continuing Certification" (Standards) promote the design of integrated, specialty-specific programs by Member Boards that support diplomates' continuing professional development and maintain the social contract between the public and the profession to improve the

quality and safety of health care. Taken together, the Standards provide a comprehensive framework for Member Boards to design certification programs that meaningfully engage diplomates in activities relevant to their practice.

Programs for continuing certification should emphasize integration, both in the design of a seamless program as well as with the community they serve. The elements of a continuing certification program should complement one another; for example, meaningful assessment drives learning and improvement. To integrate with the community they serve, Member Boards should work collaboratively with key stakeholders to ensure high-priority population and public health needs and advances in the specialties are addressed within their continuing certification programs. Lastly, ABMS Member Boards should strive to develop programs that integrate seamlessly into a diplomate's practice of medicine.

Member Boards' certification programs should ensure that diplomates are in good professional standing, are keeping up to date with advances in medical knowledge, and are working to improve themselves, their colleagues, and the systems in which they work.

Professionalism is central to self-regulation of the profession, making it of paramount importance to board certification. To honor medicine's social contract and uphold the public's trust, individual diplomates are expected to affirm, reaffirm, and demonstrate their dedication to principles of professionalism through their interactions with patients, families, and other health professionals. This entails a personal commitment to the welfare of patients, and collective efforts to improve the health care system for the benefit of society.

Professionalism should be a core element in the design and implementation of each Member Board's continuing certification program, thus communicating its centrality and cultivating professional behavior in all diplomates.

AGS RATING AND COMMENT

Rating: not applicable

The American Geriatrics Society believes that the ABMS standards should reflect that Member Boards have adopted the ACGME definition of professionalism for their diplomates. The shared definition should include explicit reference to ensuring that physicians are competent in justice, equity, diversity, and inclusion and actively working to eliminate discrimination and bias such as ageism, ableism, classism, homophobia, racism, sexism, xenophobia in healthcare. Further, the AGS agrees with the Internal Medicine Residency Review Committee (IM-RRC) recommendation that assessment of professionalism should seek to be antiracist and to eliminate all forms of bias. As the IM-RRC noted, there is a history of informal and formal assessments of professionalism that have negatively impacted the careers of women, LGBTQ+ individuals and underrepresented minorities due to targeting of certain forms of self-expression.

GENERAL STANDARDS

The General Standards guide the continuing certification programs of the 24 ABMS Member Boards. These standards provide a framework for improving patient care through a meaningful process of ongoing professional development and assessment aligned with other professional expectations and requirements and is recognized broadly as a mark of quality specialty practice.

Standards 1-9 – Focused on General Standards

STANDARD #1 - Member Boards must define the goals of their continuing certification programs, specifically addressing how their program supports diplomates and is designed to promote improvement in health care provided by participating diplomates.

ABMS Commentary

Program elements should be designed to achieve the goals set for the programs and support diplomates in their professional obligation to keep up to date with advances in medical knowledge and work to improve themselves, their colleagues, and the systems in which they work. The goals and components of continuing certification programs should be clearly communicated and available on Member Board websites for stakeholders, which includes the public, diplomates, and credentialers.

AGS RATING AND COMMENT

Rated: Unsatisfactory, major revisions needed

The American Geriatrics Society recommends that this standard be revised to incorporate attention to ensuring diplomates are prepared to provide person-centered, culturally sensitive care that is rooted in what matters to the individual patient. Suggested language is: Member Boards must define the goals of their continuing certification programs, specifically addressing how their programs support diplomates and are designed to provide participating diplomates with the knowledge and skills that they need to provide person-centered culturally sensitive care that is rooted in what matters to the patient.

STANDARD #2: Member Boards must define the requirements and deadlines for each component of their continuing certification programs.

ABMS Commentary

Both participation and performance requirements for each component must be clearly specified along with the intervals at which they must be completed. Any decision on certificate status by a Member Board must be based on the complete portfolio of certification components. Exceeding the requirements for one component cannot compensate for failing to meet the requirements of the standards in another component.

Member Boards may make allowances for diplomates with extenuating circumstances who cannot complete requirements to stay certified according to established timelines. Appropriate procedures to ensure due process regarding Member Board decisions must be in place and clearly articulated to diplomates. Member Boards should verify attestations for participation standards through an audit process.

AGS RATING AND COMMENT

Rated: Satisfactory

AGS did not comment on this standard.

STANDARD #3: Member Boards must determine at intervals no longer than five years whether a diplomate is meeting continuing certification requirements to retain each certificate. Policies that specify the basis for certification decisions must be made available to diplomates.

ABMS Commentary

Determining a diplomate's certificate status (i.e., certified, not certified) at least every five years is consistent with the goal of maintaining currency in medical advances and a commitment to professionalism. Member Boards will have a sufficient, specified phase-in period to allow for the implementation of this standard.

AGS RATING AND COMMENT

Rated: Satisfactory, minor revisions needed

The American Geriatrics Society agrees that it is important to provide alternates to the every-ten year, high-stakes exam. However, it is critical that Member Boards consider the potential added burden for diplomates who are expected to prepare for more frequent, albeit briefer, secure assessments that cover the same broad topic areas as the high-stakes exam. AGS suggests that ABMS encourage Boards to employ a modular approach that would rotate tests covering more discrete areas of knowledge within the broader content area of a specialty.

STANDARD #4: Member Boards must publicly and clearly report a diplomate's certification status and certification history for each certificate held. Member Boards must change a diplomate's certificate(s) status if standards for performance and participation in continuing certification requirements are not met. Member Boards must use common categories for reporting the status of certificates, with such categories being defined, used, and displayed in the same way. Changes in the status of a certificate must be publicly displayed.

ABMS Commentary

The public believes that a physician certified by an ABMS Member Board has demonstrated the knowledge, clinical skills, and professionalism to practice safely in the specialty. Member Boards have an obligation to the medical community and the public to report the date of initial certification and all subsequent verification dates on their respective websites and/or the ABMS Certification Matters website. For each diplomate, the certification history must include for each certificate: the date of initial certification, whether the diplomate is certified, and whether the diplomate is participating in continuing certification.

AGS RATING AND COMMENT

Rated: Satisfactory

AGS did not comment on this standard.

STANDARD #5: Member Boards must provide diplomates with opportunities to address performance or participation deficits prior to the loss of a certificate. Fair and sufficient warning must be communicated that a certificate might be at risk.

ABMS Commentary

Diplomates should receive early notice about the need to complete any component of the continuing certification program. Diplomates at risk for not meeting a performance standard should be notified of their deficit along with information about approaches to meet the requirements. Member Boards should collaborate with specialty societies and other organizations to encourage the development of resources to address performance deficits.

The timeline to address deficits should not extend the time a diplomate has to complete requirements (e.g., deficits must be addressed within the cycle they are due). If a diplomate chooses not to address his/her deficits or is unsuccessful in doing so, the diplomate should be notified of the potential for the loss of certification.

AGS RATING AND COMMENT

Rated: Unsatisfactory, major revisions needed

The proposed standard is overly broad in that it carries an expectation that specialty societies would develop a wide range of resources to potentially support identified deficits. Although it suggests that Boards collaborate with societies to encourage development of resources to meet identified deficits, there is no specificity about what such collaborations should look like, timeline, or guidance as to whether the intention is that societies should be prepared to provide education that is individualized to the diplomate or to provide resources that support all diplomates to successfully meet the requirements of clinician certification. Further, absent bi-directional communication, if the support is to be individualized, it would be difficult for societies to support individual diplomates within a timeframe that ensures that the diplomate can address their deficits before the certificate lapses. AGS recommends that ABMS defines “early notice” and “fair and sufficient warning” to include a timeframe.

STANDARD #6: Member Boards must define a process for regaining certification if the loss of certification resulted from not meeting a participation or performance standard.

ABMS Commentary

A pathway should be available for physicians and medical specialists to regain certification following loss of certification unless the certificate has been revoked for a breach in professionalism. Regaining certification could potentially occur after a lack of participation in a continuing certification program, not meeting the performance standard, certain disciplinary actions by a state licensing board(s), or loss of medical staff privileges due to impairment or failure to demonstrate competence.

AGS RATING AND COMMENT

Rated: Unsatisfactory, major revisions needed

The American Geriatrics Society believes that the standard does not align with the commentary as articulated given that it explicitly states that diplomates who have lost their certificates due to a “breach in professionalism” should not have a pathway to regaining their certificate. The ABMS Member Boards should have a shared definition of professionalism and we would add that the Boards must have a shared understanding of what constitutes a breach in professionalism, inclusive of a common menu of consequences. It is critically important that professional standards that define physician professionalism are clear, culturally sensitive, consistent across specialties, and easily understood by the public. We believe Boards must be intentional about collaborating with stakeholders to ensure that assessment of professionalism across board certification and state licensing is free of racism, sexism, and other forms of bias.

STANDARD #7: Member Boards must continually evaluate and improve their continuing certification programs using appropriate data that include feedback from diplomates and other stakeholders.

ABMS Commentary

It is crucial to carefully evaluate continuing certification programs on an ongoing basis. A wide variety of metrics and a range of stakeholders should be used for program evaluation. In addition to diplomate input, feedback from other certification stakeholders — credentialers, hospitals and health systems, patients, and the public — should be considered.

Aspects of program evaluation could include assessing diplomate experience, the value of the program to diplomates, whether diplomates are meeting the Member Board’s objectives, and how diplomates are contributing to improving health and health care.

AGS RATING AND COMMENT

Rated: Unsatisfactory, major revisions needed

The American Geriatrics Society recognizes that this standard reflects a substantive recommendation from the Vision Commission. We believe that the Boards have not made sufficient progress on demonstrating that continuous certification is meeting the stated goal of improving care and recommend that ABMS consider an independent evaluation of the continuous certification program. AGS is concerned that “appropriate data” is not well defined in the standard or in the comment and recommends that the ABMS define what is meant by this term in the standard. Finally, we note that the specialty societies, although referenced elsewhere in the standards as collaborative partners, are not included in the list of the certification stakeholders, which we believe is an oversight that must be addressed.

STANDARD #8: Member Boards must streamline requirements, minimizing duplication of effort for diplomates who hold multiple certificates. When a Member Board takes action on the certification status of a diplomate who holds multiple certificates, the Member Board must work with ABMS to notify other Member Boards of the action taken.

ABMS Commentary

Diplomates who hold multiple specialty and/or subspecialty certificates either from one or more Member Boards could have duplicative requirements to maintain all certificates. Member Boards must offer reciprocity of programs for diplomates maintaining multiple certificates from one or more Member Board.

Similar processes could be incorporated to offer reciprocity of credit for certificates held across Member Boards (e.g., Lifelong Learning credit for participation in longitudinal assessment or improving health and health care credit for Quality Improvement efforts).

Member Boards should work with ABMS to develop processes that will facilitate ABMS notification to other Member Boards when actions are taken on a diplomate's certification status.

AGS RATING AND COMMENT

Rated: Unsatisfactory, major revisions needed

The American Geriatrics Society recommends that requirements need to be streamlined to eliminate duplication of effort for diplomates who hold multiple certificates. The standard would be strengthened by inclusion of Member Board reciprocity and attention to how ABMS can facilitate member Boards achieving reciprocity in the language of the standard. We have worked with ABMS on development of a case-based, interactive learning program focused on older adults that was approved for MOC credits by 12 Boards and understand that such an approach requires resources and time but think that collaboration is critically important to achieving this standard.

STANDARD #9: Member Boards must have a process by which non-time-limited certificate holders can participate in continuing certification without jeopardizing their certification status.

ABMS Commentary

Member Boards must have a process for diplomates with non-time-limited certificates and others not currently participating in continuing certification to apply for and participate in their continuing certification programs. Certificates for non-time-limited certificate holders should not be at risk for failure to meet continuing certification requirements if the diplomate participates in continuing certification; however, Member Board professionalism standards must be upheld by all certificate holders in order to remain certified.

AGS RATING AND COMMENT

Rated: Satisfactory, minor revisions needed

The American Geriatrics Society supports requiring Boards to offer a process by which non-time limited certificate holders can participate in continuing certification without endangering their certificates. We believe such opportunities must include attention to a shared definition of professionalism that rests upon professionalism as a core competency as defined by the ACGME for all specialty training programs. Such a pathway should complement licensing requirements and is a potential opportunity to collaborate

with specialty societies given their extensive understanding of and investment in programs that support life-long learning.

Standards 10-11 focused on Verification of Professional Standing

Professionalism is central to public trust in diplomates, certification, and the medical profession. Professional standing refers to maintaining high standards of professional conduct through which diplomates carry out their clinical responsibilities ethically and safely. In the absence of widespread workplace behavior measurement, we define “professional standing” in terms of the absence of actions by regulatory authorities that signify a breach of professional norms. ABMS and the Member Boards will develop approaches to evaluate professionalism and professional standing using multiple sources.

Maintenance of an unrestricted medical license is an indicator of professional standing. However, medical licensure is a legal and regulatory process that differs based on statutes and regulatory customs; some licensure actions may not reflect a lack of professionalism, and some unprofessional behavior may not trigger a licensure action. Accordingly, Member Boards may choose to act on issues outside of a licensure action, and some licensure actions may not warrant a change in certification status.

Member Boards must have policies governing determinations regarding professional standing, which clearly articulate their expectations regarding professionalism to the diplomates and the public. Policies must address the need to consider the unique circumstances of each case and must be consistently administered to maintain the due process.

STANDARD #10: Member Boards must solicit and review information regarding licensure in every state in which the diplomate holds a medical license. Primary Source Verification of licensure must occur annually. Member Boards must also require diplomates to report any actions taken against them and events that affect professional standing within a defined period (e.g., within 60 days). Disciplinary actions by other authorities that signal a violation of the Member Board’s professionalism policies may also require action.

ABMS Commentary

Credentialers and the public rely on ABMS and its Member Boards to ensure that diplomates meet high standards of professionalism. Member Boards rely on state medical licensing boards for primary evidence that diplomates maintain good standards of professional conduct and expect medical licenses held by diplomates to be free of material restrictions. “Material” here refers to restrictions that reflect a threat to patient safety or that may undermine public trust in the profession. Member

Boards are expected to review available information and take appropriate action to protect patient safety and the trustworthiness of ABMS board certification. Member Boards are expected to distinguish between material actions and actions that are administrative rule violations that do not threaten patient care or that are being appropriately monitored and resolved by the regulatory authority.

- *To ensure diplomates are in good standing with their licensing board(s), Primary Source Verification of licensure can be obtained through individual state medical boards, the Federation of State*

Medical Boards, or ABMS. ABMS offers Licensure Information Delivery Service reports to assist Member Boards in the review of Primary Source Verification of licensure.

- *Mechanisms such as ABMS Disciplinary Action Notification Service reports may assist Member Boards in continually monitoring disciplinary actions taking place between annual Primary Source Verification of licensure.*

Member Boards may also choose to use additional methods to evaluate professional standing. Depending on the nature of the specialty, Member Boards may seek information from other sources to make judgments about a diplomate's professional conduct, including but not limited to peer review, case logs, restriction of prescribing privileges for controlled substances; termination, suspension, restriction or denial of medical staff appointments or privileges; sanctions or other actions by the Center for Medicare and Medicaid Services or other governmental authority; and indictment, conviction, or guilty pleas for felonies.

It is the responsibility of diplomates to ensure that Member Boards have current information about any action that might have been taken against them.

- *Member Boards should ask the physician whether any action has been taken against, or any encumbrance placed on, a diplomate's license, rather than asking if the license is "restricted."*
- *Member Boards may inquire about any adverse actions regarding medical privileges or criminal charges or convictions.*
- *Solicitations related to professional standing may include self-attestation with confirmation at least every two years.*
- *Member Boards must clearly communicate the expectations and process for diplomate self-reporting of any changes in professional standing and the implications for failing to do so.*

AGS RATING AND COMMENT

Rated: Unsatisfactory, major revisions needed

The American Geriatrics Society believes that key terms (e.g., material restrictions that may undermine public trust, professional conduct) are not clearly defined in this standard. We believe ABMS and its Member Boards must have common definitions of professionalism, professional conduct, and a common menu of consequences for breaching professional conduct. Professionalism and professional conduct must reflect the heterogeneity of the physician workforce. Historically, professional conduct has been invoked in a way that negatively impacts the careers of women, LGBTQ+ individuals, and under-represented minorities. As currently drafted the standard will add to physician reporting and administrative burden and should be revised. Finally, AGS recommends that steps be taken to ensure that pending actions (e.g., a diplomate license status is restricted) should not be publicly disclosed.

STANDARD #11: Member Boards must have policies defining the process for reviewing and taking action on the information that reflects a violation of professional norms. These policies must ensure that:

- **Material actions that may imperil a diplomate's certificate status are clearly defined (e.g., disciplinary actions against a**
- **license, criminal convictions, incidents of sexual misconduct);**
- **The facts and context of each action are considered before making any change in a diplomate's certification status; and**

Appropriate procedures to ensure due process are in place and clearly articulated to diplomates.

ABMS Commentary

Member Board policies on professionalism and professional standing must be made readily accessible to diplomates and the public.

When disciplinary actions are reported, Member Boards should review each instance in which an action has been taken against a diplomate's license (e.g., revoked, suspended, surrendered, or had limitations placed) to determine if there has been a material breach of professional norms that may threaten patient safety or undermine trust in the profession and the trustworthiness of certification.

Actions against a medical license should not automatically lead to actions against a certificate without reviewing the individual facts and circumstances of the situation. A change in certificate status should occur when the diplomate poses a risk to patients or has engaged in conduct that could undermine the public's trust in the diplomate, profession, and/or certification. This standard for professionalism means that the loss of a certificate can result from issues that fall short of a licensure action.

Conversely, some licensure actions may not warrant a change in certificate status. For example, there are instances where restrictions placed on a diplomate's license do not reflect professionalism concerns or threaten patient safety (e.g., restrictions due to physical limitations or administrative rule violations). Some restrictions are self-imposed; some relate to administrative infractions that, while serious, may not be viewed as a breach of professional norms. Member Boards are not investigative bodies, but they are expected to weigh available evidence and render an informed judgment. Member Board processes should align with state medical board procedures and licensing board efforts to monitor and resolve violations. For example, Member Boards should consider permitting a diplomate to retain a certificate when he/she has been successfully participating in physician health programs or other treatment program recognized by the state medical board.

Finally, before changing the status of a diplomate's certificate as the result of a licensure action, a Member Board must notify the diplomate and provide due process before rendering a final decision.

AGS RATING AND COMMENT

Rated: Unsatisfactory, major revisions needed

As noted in comments on other standards, the American Geriatrics Society strongly encourages ABMS Member Boards to adopt shared definitions of professionalism and related concepts (e.g., professional conduct, breach of professionalism) that are aligned with the ACGME core competency that is taught across all residency and fellowship training programs. Further, the Boards need to develop common standards inclusive of a common menu of consequences for a diplomate who does not meet these standards, and shared assessments that are free of discrimination and bias that reflect the heterogeneity of the physician workforce. These steps are critical to ensuring that the professional standards that define what it means to be a physician are clear, sensitive to culture, consistent, and easily understood by the public.

Standards 12-17 focused on Lifelong Learning

The certification process is designed to be an independent, validated “assessment of learning” to determine that the diplomate has the knowledge, judgment, and skills to provide safe and effective patient care independently. Achieving certification assures the profession and the public that a diplomate meets the standards of the specialty. It is incumbent upon the Member Board to specify its lifelong learning objectives and to assess whether those objectives have been met.

Continuing certification programs have a dual purpose: (1) to assure the public that the physician continues to meet the standards of the specialty, and (2) to assist diplomates in keeping up with the evolving standards of practice in the specialty. Accordingly, continuing certification programs should include “assessment for learning” to assist diplomates in staying up to date with new, rapidly changing developments in the specialty while concurrently administering assessments that provide a fair, valid, and reliable “assessment of learning.” Diplomates have a professional duty to remain current in the knowledge, judgment, and skills of the specialty as demonstrated by meeting a performance standard. Member Boards have a responsibility to speak clearly on whether a diplomate has met that performance standard. Continuing certification should assist the diplomate in that effort while offering a process to determine if that effort has been successful.

STANDARD #12: Member Boards’ continuing certification programs must balance core clinical content in the specialty with practice-specific content of special relevance to the diplomate’s practice.

ABMS Commentary

A Member Board’s continuing certification program should reflect the scope of practice encompassed by its certificate. At the same time, Member Boards should consider the scope of diplomate practices. Member Boards are encouraged to provide, to a reasonable degree, customization of program and assessment content — ideally based on evidence of actual practice in the field — to enhance clinical relevance to the participating diplomate.

AGS RATING AND COMMENT

Rated: Satisfactory, minor revisions needed

The American Geriatrics Society agrees that it is important to balance clinical content with relevant practice-specific content. Content must account for patient complexity, health disparities, and patient demographics needed for clinician decision-making. Across Member Boards, assessment tools should

be modified to exclude demographic factors that are not relevant to clinical decision-making. This is critically important to do related to identification of race given that race is a social construct that should not be a factor in a diagnostic work up unless the evidence base is there to support its inclusion. It is critical that Member Boards must work to reduce certification burden for diplomates so that more frequent, shorter assessments, cover the knowledge that a diplomate should possess in a modular fashion, reflecting that assessment is continuous and not a single ten-year exam that covers the entirety of specialty knowledge.

STANDARD #13: Member Boards must assess whether diplomates have the knowledge, clinical judgment, and skills to practice safely and effectively in the specialty. Member Boards must offer a formative assessment option that supports learning, identifies deficits in knowledge, judgment, and skills, and assists diplomates in staying current in their areas of practice.

ABMS Commentary

In designing their assessment programs, Member Boards should enhance diplomate engagement and capitalize on advances in adult learning theory and internet-based testing. The program should provide learning value to diplomates with actionable feedback, thereby improving the overall assessment experience, while promoting the achievement of the goals a Member Board has set for its continuing certification program.

Formative assessment strategies may vary from Member Board to Member Board. Still, each approach must meet the requirements of the ABMS continuing certification standards for Lifelong Learning, including the requirement to produce a valid and reliable assessment of the knowledge required for quality practice.

Member Boards may choose to offer point-in-time, secure assessments for diplomates who prefer this approach, provided that the board can provide useful feedback to guide diplomate learning. If available, point-in-time secure assessments should be offered at least annually. Diplomates electing this option may be required to take the secure assessment at least once every five years. If a diplomate fails to meet the standard of knowledge required for quality practice, they should be offered an opportunity to address defined knowledge deficits (Standard 5). If standards are not met following the opportunity to address deficits, the diplomate will lose their certificate (Standard 3). For diplomates electing this option, an opportunity to switch to the formatively oriented assessment option should be provided periodically.

AGS RATING AND COMMENT

Rated: Unsatisfactory, major revisions needed

The American Geriatrics Society recommends that the Member Boards be flexible and attentive to not increasing the burden for busy clinicians. Member Boards should accept equivalent continuing professional development (CPD) and formative assessments that are completed through Specialty Societies or in accredited health systems. Formative assessments should reflect the broad scope of knowledge within a specialty. Member Boards who choose to establish their own formative assessments

must be attentive to designing such assessments so that diplomates do not need to prepare for such assessments in the same way as they would for a high-stakes five- or ten-year exam. Such assessments should include management of diverse patient populations, particularly those that are underrepresented in research, have complex and overlapping healthcare needs, or life limiting conditions. Such assessments should be rooted in principles of person-centered care and what matters to the patient.

STANDARD #14: Member Boards' continuing certification assessments must meet appropriate psychometric standards to support making defensible, summative decisions regarding continuing certification.

ABMS Commentary

Aggregated performance on assessments should contribute to making certification decisions regarding continuing certification. Assessment that is formative has a background standard of knowledge that is required for quality practice. If a diplomate fails to meet that standard, they should be offered an opportunity to address defined knowledge deficits (Standard 5). If standards are not met following the opportunity to address deficits, the diplomate will lose their certificate (Standard 3). Member Boards should ensure that subject matter experts engaging in assessment development are clinically active.

Regarding security, Member Boards should have a code of conduct for participation and require a diplomate's promise to abide by the code. Each Member Board must authenticate user identity via appropriate security procedures. Security methods should reflect the importance of making accurate continuing certification decisions without inflicting unnecessary burdens on participating diplomates.

AGS RATING AND COMMENT

Rated: Unsatisfactory, major revisions needed

The American Geriatrics Society recommends that the Member Boards be required to ensure that subject matter experts represent the diversity of practice settings and the clinical perspectives of rural, urban, community-based, and academic clinicians. Those who submit questions on clinical content should themselves be engaged in clinical practice to ensure relevancy and appropriate perspective. Regarding the security of exams, we recognize that Member Boards will develop and administer exams using different platforms and with different authentication requirements. Member Boards should make every effort to evolve security requirements as the technology evolves. We strongly recommend that the code of conduct and consequences for breaching it be shared across Member Boards, which further supports a shared understanding of what constitutes professionalism for all physicians.

STANDARD #15: Member Board assessments must provide individualized feedback to support learning, identify deficits in knowledge, judgment, and skills, and assist diplomates in staying current.

ABMS Commentary

Member Boards' assessment activities should provide diplomates with information to identify what they do and do not know and opportunities to address deficits. Diplomates should receive feedback from every continuing certification assessment, including both formative and point-in-time assessments. The feedback should identify areas of strength and weakness and suggest links to resources for learning and improvement where possible. The feedback should also indicate whether a diplomate's performance places a certificate in jeopardy.

For more frequent, formatively oriented assessments, Member Boards are encouraged to provide item-specific feedback, including the rationale for the correct answers. Member Boards are also encouraged to provide participating diplomates with a periodically updated performance dashboard to identify areas of strength/weakness and links to educational resources to address weaknesses. Member Boards are encouraged to work with specialty societies and other providers in identifying these resources.

AGS RATING AND COMMENT

Rated: Unsatisfactory, major revisions needed

The American Geriatrics Society recommends that Member Boards strengthen partnerships with specialty societies given that societies are leaders in advancing and disseminating specialty-specific knowledge through their journals and continuing professional development programs. Societies already provide valid, peer-generated, expert support to clinicians. Boards must maintain bright lines between formative assessments and life-long learning. They should work with specialty societies so diplomates can easily access trusted resources from the online formative assessments. Partnerships should be transparent as to the business relationship between Boards and their partners and Boards should assess partners for commercial conflicts of interest created due to other relationships. Boards that offer multiple specialty certificates, must ensure sufficient resources to allow Board and Society partnerships to move forward at the same pace so that one specialty is not advantaged over another.

STANDARD #16: Member Boards must identify common specialty-based gaps in knowledge, judgment, and skills from assessment activities and other sources. Aggregated information about such gaps should be shared with diplomates, medical specialty organizations, and other stakeholders to assist in developing targeted learning opportunities.

ABMS Commentary

Member Boards should collaborate with educational providers to address major public health needs and frequently occurring deficits. By aggregating information from continuing certification assessments, results can provide a useful evaluation of the knowledge, judgment, and skills of diplomates. By disseminating this information, continuing education providers can develop targeted learning resources.

AGS RATING AND COMMENT

Rated: Unsatisfactory, major revisions needed

The American Geriatrics Society believes that clarification and specificity is needed as to what is meant by "common specialty-based gaps in knowledge, judgement, and skills". Member Boards should have a

shared approach to assessing continuing education providers that evaluates commercial conflicts of interest created by other partnerships. Boards should consider not partnering with for-profit providers. This standard would be strengthened, if in the comments, ABMS recognized and committed to supporting Member Boards developing opportunities for diplomates to recognize and address implicit bias in their own practices. Diplomates should understand the intersection of other types of bias with ageism in healthcare and attention should be paid to ensuring that all physicians have the requisite minimum geriatrics competencies that are needed to care for older adults regardless of specialty.

STANDARD #17: Member Boards' continuing certification programs must reflect principles of Continuing Professional Development. Educational activities accepted must be relevant to the diplomate's current practice and align with program goals.

ABMS Commentary

Continuing Professional Development (CPD) consists of educational activities that serve to maintain, develop, and increase the knowledge, judgment, and skills that serve the public or the profession and underlie the provision of safe and effective patient care. CPD activities must be of high quality and free of commercial bias. Member Boards may choose to identify individual activities that meet these requirements.

Member Boards should consider the following in program design:

- *The type and number of CPD activities required*
- *Alignment with the scope of knowledge a Member Board considers important*
- *Gaps in knowledge, judgment, and skill identified from the continuing certification program*
- *Coverage of topics related to national public health priorities, performance gaps, and patient safety needs*
- *A balance of general and specialty-specific activities*
- *The feedback provided to diplomates*

Additionally, Member Boards should work with stakeholders to help diplomates identify relevant, high-quality activities and report completion with minimum administrative burden.

AGS RATING AND COMMENT

Rated: Unsatisfactory, major revisions needed

The American Geriatrics Society recommends that this standard be revised to clearly delineate that the Member Boards are not tasked with developing Continuing Professional Development (CPD) activities and should have a shared approach to assessing potential CPD partners for commercial conflicts of interest. Further, the standard must reflect that specialty societies lead the definition of the knowledge and skills that specialists must know. Member Boards should be expected to have strong partnerships with specialty societies, inclusive of a bi-directional flow of information. The flow of information should provide sufficient aggregated data from certification exams and formative assessments for societies to understand where diplomates have significant gaps. Boards should engage with societies on shared

decision-making about these gaps, inclusive of assessing and modifying exams and formative assessments if needed.

Standards 18-20 focused on Improving Health and Health Care

The Standards start with the premise that diplomates are intrinsically motivated to optimize patient safety and health outcomes. Professional norms expect that diplomates will work to improve their skills and work collaboratively with others to improve the systems within which they work. Member Boards should align requirements with diplomates' daily practices and required activities mandated by hospitals, health systems, payers, and other groups. In this way, the diplomate can apply their improvement activities to multiple purposes.

Recognizing that diplomates differ in their knowledge and experience with quality improvement, Member Boards should take a developmental approach to the implementation of practice improvement standards. It is reasonable to expect that the rigor of these requirements will evolve as diplomates progress in their careers and as systems of support for quality and safety improvement mature.

Each Member Board should work collaboratively with its community to identify quality and safety priorities for its discipline and develop a supportive infrastructure to improve health and health care.

STANDARD #18: Member Boards must develop an agenda for improving the quality of care in their discipline(s) in collaboration with stakeholders.

ABMS Commentary

This quality agenda must be developed in collaboration with key stakeholders within each specialty. The quality agenda should include an overall strategy for improving care and a set of priority improvement targets, and it should be reviewed periodically. As part of the quality agenda, Member Boards should collaborate with stakeholders to identify and acknowledge the health and health care disparities that exist in their specialty and work to decrease and eliminate these disparities.

Member Boards should aim to align quality and safety priorities with learning objectives and other content of longitudinal or other assessment components of continuing certification.

Member Boards must encourage foundational education in performance improvement and health system science to assure that diplomates are equipped to participate fully in improvement activities. Member Boards should work collaboratively with medical and specialty societies and other stakeholders to identify high-value improvement opportunities so that meaningful options exist for diplomates in all settings, including practices in independent, rural, and underserved communities.

As a part of their quality strategy, Member Boards should work collaboratively with their specialty organizations to review the adequacy of available quality measures and identify measure concepts that need further development. The plan should include metrics and a strategy for tracking progress in improving quality in the discipline.

AGS RATING AND COMMENT

Rated: Unsatisfactory, major revisions needed

The American Geriatrics Society strongly recommends that this standard be revised. Collectively, the Boards do not have the knowledge, expertise, and relationships needed to develop approaches to quality that are meaningful, person-centered, and reflect what matters to the patient. Further, we are deeply concerned that this standard, with its focus on individual Member Boards developing specialty-specific quality agendas, will lead to potential harm to complex patients with multiple chronic conditions and diseases who are seen by multiple specialties. The standard as written does not reflect the principles of person-centered care and the need for quality improvement activities to be designed so that they encourage care that reflects what matters to the patient.

STANDARD #19: Member Board continuing certification programs must require participation in relevant activities that improve health and health care.

ABMS Commentary

Member Boards must have a strategy for identifying meaningful engagement of all diplomates in relevant activities that will improve patient care, reduce the risk of patient harm, or improve patient health and experience.

Member Boards should work collaboratively with their key stakeholders within the specialty to identify quality and safety priorities that will improve the practice of the specialty so that every diplomate can engage in meaningful quality improvement.

AGS RATING AND COMMENT

Rated: Unsatisfactory, major revisions needed

The American Geriatrics Society believes further research is needed on whether the quality improvement component of continuing certification is actually improving patient outcomes and leading to meaningful physician engagement. The Boards need to recognize that as the healthcare system moves to value-based care, physicians are increasingly practicing in interprofessional teams with a person-centered focus. This shift requires a wholistic approach to quality measurement that is centered on ensuring that care plans are designed around what matters to the patient. We encourage the ABMS to review the wholistic approach of the [Age-Friendly Health Systems Movement](#) to improve care for all of us as we age. The AGS strongly recommends that this standard reflect these principles and be made voluntary. The focus should be on incentivizing diplomates to participate in quality improvement activities that reflect their practice environment, are not overly burdensome, and not duplicative.

STANDARD #20: Member Boards must recognize a wide range of improvement activities that are appropriate for improving health and health care.

ABMS Commentary

Universal engagement requires that diplomates be free to choose activities that are meaningful to them, and align Member Board expectations with what is occurring in their practice environment. Wherever possible, Member Boards should link their expectations to existing performance measurement, quality reporting, and quality improvement efforts. Because many diplomates work as part of multi- and inter-professional health care teams and in complex health systems, Member Boards should encourage collaborative efforts to improve practice in complex systems.

Member Boards also should consider the needs of small and independent practices that may lack technical and system support for quality improvement. Member Boards' programs must aim to support diplomates in all settings. Improvement activities could involve development of personal patient care skills, improvement in practice systems, collaborative improvement in health systems, or health improvement at the community level. Improvement activities may be at the individual level or team-based; they may involve cross-specialty collaboratives or community health initiatives.

It is appropriate to credit learning about safety science, system science, or improvement science until the specialties have developed quality and safety priorities, mechanisms to provide useful performance feedback, collaboratives or other support systems to identify change strategies, and systems of measurement to assess the impact of implemented changes.

Member Boards should aspire to engage diplomates in progressively impactful improvement activities over time. Member Boards should work with specialty societies and other stakeholders to ensure that opportunities exist for diplomates in nonclinical roles (e.g., educator, researcher, executive, or advocate) and in all practice settings.

Ongoing improvement in patient care skills and collaboration with others to optimize patient outcomes are core tenets of professionalism. Member Boards should draw upon the intrinsic desire of all diplomates to improve care and outcomes for their patients. Activities should support clinician learning and should balance effort and value.

AGS RATING AND COMMENT

Rated: Unsatisfactory, major revisions needed

The American Geriatrics Society agrees that performance measurement should be meaningful, standardized, and limit collection and reporting burden. Wherever possible, Member Boards should link their expectations to existing performance measurement, quality reporting, and quality improvement efforts. As noted in our response to Standard #19, diplomates are increasingly working in interprofessional teams and in complex health systems which track and report quality across systems. Member Boards should be cognizant of how care is evolving, and diplomate requirements must be designed in a way that does not create additional burden because of a focus on reporting clinician-specific measures. Further, Member Board requirements should allow for flexibility and not limit the use of ad hoc measures that reflect a pressing public health need (e.g., the use of telehealth during the COVID19 pandemic).