American Board of Emergency Medicine

Report at the 2012

American Academy of Emergency Medicine

Scientific Assembly

Richard N. Nelson, M.D.,
President

February 8 – 10, 2012
San Diego, California
ABEM Mission

The ABEM mission is to protect the public by promoting and sustaining the integrity, quality, and standards of training in and practice of Emergency Medicine.

Hot links are embedded into some articles that will direct the reader to selected pages of the ABEM website. The links are presented in dark green and are underlined.

ABEM is a Member Board of the American Board of Medical Specialties
American Board of Emergency Medicine

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Catherine A. Marco, M.D.

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Emergency Medicine Continuous Certification (EMCC)

An ABMS Maintenance of Certification® Program

EMCC is a program of continuous professional development and a formal means of evaluating a diplomate’s continued knowledge and performance in Emergency Medicine. EMCC consists of four components that interconnect throughout a diplomate’s certification. Diplomates must complete requirements in all four components in order to maintain certification beyond the year in which their certificate expires. Clinically inactive diplomates are not required to complete the Assessment of Practice Performance (APP) component of EMCC. Clinically inactive diplomates must complete the other three components listed below in order to maintain certification beyond the year in which their certificate expires.

The Four Components of EMCC

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Standing</td>
<td>Diplomates must continuously maintain their medical licensure in compliance with the ABEM Policy on Medical Licensure.</td>
</tr>
<tr>
<td>Lifelong Learning and Self Assessment (LLSA)</td>
<td>Diplomates must pass a specific number of LLSA tests based on designated readings and within defined time periods.</td>
</tr>
<tr>
<td>Assessment of Cognitive Expertise (ConCert)</td>
<td>Diplomates must pass the ConCert examination, a comprehensive, secure, proctored examination, during their certification. The ConCert examination is given once each year in the fall.</td>
</tr>
<tr>
<td>Assessment of Practice Performance (APP)</td>
<td>Clinically active diplomates are required to participate in a practice improvement program that meets ABEM APP requirements, and a communication/professionalism feedback program.</td>
</tr>
</tbody>
</table>

For more details on each component, including specific requirements, [click here](#).
ABEM Introduces New Approach to EMCC Requirements

One of ABEM’s goals is to simplify EMCC while expanding the program to better meet the expectations of the public.

The public seeks assurance that physicians are regularly engaged in continuous improvement. Since ABEM awarded its first certificate in 1980, it has always had a ten-year, or time-limited certificate. Still, the public wants to know that physicians are constantly improving their delivery of care.

The American Board of Medical Specialties (ABMS), of which ABEM and 23 other medical specialty boards are members, has developed new standards for all Maintenance of Certification (MOC) programs. ABEM has introduced changes to EMCC based on the ABMS standards that are designed to make board certification more understandable and transparent to the public. In addition, ABEM has streamlined the EMCC process to make diplomate participation easier. ABEM began phasing in these standards in July 2011. When you earn or maintain your certification with ABEM, you are automatically enrolled in EMCC, and you are expected to complete the requirements to maintain your certification.

The table on the next page compares the 2004–2010 requirements to the new requirements (those that began in July 2011).
## EMCC Requirements: 2004-2010 versus New Requirements

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LLSA</strong></td>
<td>Pass eight LLSA tests per ten-year certification.</td>
<td>Pass four LLSA tests in <strong>years 1-5</strong> of your certification and four LLSA tests in <strong>years 6-10</strong> of your certification. (Applies to certificates that expire in 2017 and after.)</td>
</tr>
<tr>
<td></td>
<td>Only allowed to take available LLSA tests dated after the year in which certification is earned or renewed.</td>
<td>Allowed to take any available LLSA test.</td>
</tr>
<tr>
<td><strong>CME Credits</strong></td>
<td><strong>NEW!</strong> CME credit is available for successfully completing LLSA preparation activities starting with the 2011 LLSA test.</td>
<td><strong>NEW!</strong> Beginning in 2012, some physicians will have a CME credit requirement. Physicians will have to report an average of <strong>25 AMA PRA Category 1 Credits</strong> per year.</td>
</tr>
<tr>
<td><strong>APP Activities</strong></td>
<td>Clinically inactive diplomates do not have Assessment of Practice Performance requirements.</td>
<td>No change.</td>
</tr>
<tr>
<td></td>
<td>Complete one Practice Improvement (PI) activity in <strong>years 1-4</strong> of your certification and complete one PI activity in <strong>years 5-8</strong> of your certification.</td>
<td>Complete one Practice Improvement (PI) activity in <strong>years 1-5</strong> of your certification and one PI activity in <strong>years 6-10</strong> of your certification.</td>
</tr>
<tr>
<td></td>
<td>Complete one Communication/Professionalism (CP) activity in <strong>years 1-8</strong> of your certification.</td>
<td>Complete one Communication/Professionalism (CP) activity in <strong>years 1-5</strong> of your certification and one CP activity in <strong>years 6-10</strong> of your certification. (Requirement phased in with certificates that expire 2015 and after.)</td>
</tr>
<tr>
<td></td>
<td>Not completing your APP requirements changed your status to &quot;clinically inactive.&quot;</td>
<td>Renew certification by meeting all EMCC requirements including APP if clinically active.</td>
</tr>
<tr>
<td></td>
<td>Complete all required LLSA tests before registering for ConCert examination.</td>
<td>The ConCert examination and LLSA are independent of each other; no requirement to complete LLSAs before registering for ConCert. (Starting with those taking the ConCert in 2013 and after.)</td>
</tr>
<tr>
<td></td>
<td>Pass ConCert examination by end of ten-year certification.</td>
<td>Pass ConCert examination during the last five years of certification. (Starting with those taking the ConCert examination in 2013 and after.)</td>
</tr>
<tr>
<td></td>
<td>Renew certification by passing the ConCert examination.</td>
<td>Renew certification by meeting all EMCC requirements (including APP) by your certificate's expiration date. (Applies to certificates that expire in 2013 and after.)</td>
</tr>
<tr>
<td><strong>Professional Standing</strong></td>
<td>Maintain medical licensure in compliance with ABEM Policy on Medical Licensure.</td>
<td>No change.</td>
</tr>
</tbody>
</table>

For more information about your specific requirements, [click here](#).
Changes to EMCC Activities Began in 2011

Under the new standards, ABEM has divided the ten-year certification period into two five-year periods. You must complete your required activities during these two periods, and report those activities by the end of each five-year period. This means that most of your EMCC requirements will be due on the same easy-to-remember date at the end of each five-year period.

LLSA Activities

The time period to complete your Lifelong Learning Self-Assessment (LLSA) test requirements has changed from eight LLSA tests every ten years to four LLSA tests every five years.

CME Requirements

Beginning in 2012, continuing medical education (CME) credit will become a required component of EMCC. You will need to complete an average of 25 AMA PRA Category 1 Credits™ per year. Eight of the credits each year must be from self-assessment activities. (The LLSA CME Activity is a self-assessment activity.) This new requirement will be phased in based on your certification expiration date. Relevant CME credit offered by any accredited CME provider will count toward the new requirement, including CME credit earned as part of successfully completing an LLSA CME Activity (beginning with the 2011 LLSA CME Activity), and passing the oral examination or the ConCert examination. You can view your specific requirements by clicking here.

APP Activities

ABEM is transitioning its Assessment of Practice Performance (APP) requirements to the same five-year periods as the LLSA test requirements. This will make it easier for you to track. The new APP requirements include one practice improvement (PI) activity during each five-year period and one communication/professionalism (CP) activity during each five-year period.

What Are My Requirements?

EMCC is an evolving program and, to meet ABMS standards, EMCC will continue to change. ABEM strives to provide you with information about changed EMCC requirements well ahead of the time the information affects your certification.

In July 2011, ABEM sent you a personalized letter and an email outlining your individual requirements, including those that have been added or changed. A new EMCC Requirements and Status Page on EMCC Online is accessible from your EMCC Personal Page. You can see what activities you have completed, those that you still need to do, and the date that they are due.

What Happens if I Do Not Meet the Requirements?

When you earn or maintain your certification with ABEM, you are automatically enrolled in EMCC and are expected to complete all requirements to maintain your certification. At the end of your fifth full year of certification, ABEM will check that you have completed and

*continued on the next page*
reported your LLSA, CME, and, if you are clinically active, your APP activities to meet your five-year requirements. If you have completed this, you will continue to be designated as meeting EMCC requirements. If you have missed any requirement due by the end of your first five full years of certification, you will remain certified, but will be designated as not meeting your EMCC requirements. You can regain your EMCC participation status by completing your missed requirements before your certificate expires.

On your certification expiration date, ABEM will verify that you have successfully completed all of your EMCC requirements within the stated time periods. This includes passing the ConCert examination and completing the APP requirements. In the past, passing the ConCert examination renewed your certification and missing APP requirements changed your designation from “Clinically Active” to “Clinically Inactive.” Now, unless you classify yourself as “Clinically Inactive” (that is, you are no longer seeing patients), you must meet all EMCC requirements by the end of the ten years of your certification to renew your certificate. If you have not completed all of your requirements, you will lose your certification. One of the most significant changes to the EMCC program is that a clinically active diplomate must complete and attest to required APP activities along with all other EMCC requirements, in order to have his or her certificate renewed. Clinically inactive diplomates do not have APP requirements.

**What Must I Do to Regain Certification?**

ABEM has implemented simpler, faster, and more suitable options for diplomates to catch up on missed requirements before their certificates expire or to regain certification after their certificates expire. See the article on the next page for options for regaining certification. Contact the ABEM office at EMCC@abem.org or 517.332.4800 ext. 383 if you have any questions.

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**DIPLOMATES: DID YOU KNOW?**

**Updated EMCC FAQs Available Online**

A series of FAQs updated to reflect changes to the EMCC program and EMCC Online are now available on the ABEM website. Topics include APP, the ConCert examination, LLSA, General EMCC Questions, and Accessing EMCC Online. You can access the FAQs from the homepage of the ABEM website by clicking on the EMCC FAQs link under the EMCC header. Check the website to read additional FAQs as they become available.
**New Options for Former Diplomates Regaining ABEM Certification**

ABEM has revised its options for former diplomates to regain certification. Regaining certification is now easier and faster. There is a clearer distinction between former diplomates who participated actively in EMCC while certified and former diplomates who did not participate actively in EMCC while certified, or whose certificates expired longer than five years ago. The table below explains the requirements for each group.

<table>
<thead>
<tr>
<th>Situation</th>
<th>Activities Necessary to Regain Certification</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>It has been less than five years since your ABEM certificate expired AND You missed four or fewer required LLSA tests during that certification period</td>
<td>Make up the number of required LLSA tests missed AND Pass the ConCert Examination</td>
<td>Within five years after the date your ABEM certificate expired</td>
</tr>
<tr>
<td>It has been more than five years since your ABEM certificate expired OR You missed more than four required LLSA tests during that certification period</td>
<td>Submit application to regain certification THEN Pass the ConCert examination THEN Pass the oral certification examination</td>
<td>ABEM will begin sending 2012 applications in late April 2012. Contact ABEM if you wish to receive a 2012 application at that time.</td>
</tr>
</tbody>
</table>

1. In 2011 and 2012, making up missed requirements involves passing the number of LLSA tests missed, if any, and passing the ConCert examination, not necessarily in that order. As soon as both of these requirements have been met, provided that it is still less than five years since your certification expired, ABEM will issue a new certificate.

2. Former diplomates who already have an open application on file for regaining certification do not need to request a new one.

If you have any questions or need an application to regain certification, contact the ABEM office at 517.332.4800 ext. 383 or via email at EMCC@abem.org.
Expanded Opportunities for Diplomates to Meet MOC Part IV Requirements

ABEM has approved, in concept, forging agreements that would allow its diplomates to use specific externally developed MOC activities to meet MOC requirements.

- One such agreement allows sharing of LLSA activities developed by ABEM or other ABMS Boards. This type of agreement could be especially helpful for diplomates certified in Medical Toxicology, Pediatric Emergency Medicine, and other subspecialties to meet MOC requirements.

- In the near future, ABEM will allow diplomates to count pre-approved Performance Improvement Modules (PIMs) they complete externally to meet MOC Part IV Assessment of Practice Performance (APP) requirements. PIMs tend to be web-based tools that guide physicians through the collection of patient data to identify gaps in care, establish and implement an improvement plan, and measure the improvement. ABEM might approve PIMs offered by other ABMS Boards or by other entities.

- ABEM also approved participation in the pilot Portfolio Approval Program, in which a consortium of participating boards pre-approve institutional practice improvement programs (see following article). A diplomat who participates in a practice improvement project within a pre-approved institution can use that activity to fulfill an APP PI requirement.

ABEM Announces Participation in the Portfolio Approval Program

ABEM recently joined the Portfolio Approval Program, a pilot program that pre-reviews practice improvement (PI) projects within approved institutions and offers Assessment of Practice Performance (APP) credit to diplomates who participate in these projects.

Although ABEM already accepts any PI project in which the diplomate measures, compares to standards, develops and implements an improvement plan, and re-measures, the Portfolio Approval Program improvement projects can have added advantages. Diplomates who are clinically active with one of the approved organizations can participate in a portfolio project with certainty that their effort will meet ABEM’s requirements and that, if their activity is selected for verification, verification will be successful.

Currently, the following seven organizations are approved Portfolio Approval Program sponsors:

- Advocate Physician Partners
- HIVQual-US
- Massachusetts General Hospital
- Mayo Clinic
- Medical Society of Virginia
- The Permanente Federation
- University of Michigan

If you participate in a portfolio project, the sponsor organization will ask you to complete an attestation form. You will then need to attest to completion of the activity through EMCC Online in order for it to count toward your EMCC APP requirement. Click here and scroll to the bottom of the page for information about how to attest to completion of an APP activity.
ABEM Introduces EMCC CME Requirement

Beginning in 2012, physicians certified by ABEM will be required to complete continuing medical education (CME) activities to meet their EMCC requirements. ABEM believes that most diplomates are already participating in CME activities to meet requirements of other organizations, such as their state medical licensing board.

The ABEM requirement is to complete an average of 25 AMA PRA Category 1 Credits™ per year. AAFP Prescribed Credit, ACOG cognates, and AOA Category IA are also acceptable. Eight of the 25 credits must involve self-assessment. (The ABEM LLSA CME activity is an example of a self-assessment CME Activity.) All credits should be relevant to the physician’s practice.

CME Credit Available for Certification and Maintenance of Certification Activities

Diplomates can now receive continuing medical education (CME) credits for a variety of activities related to attaining certification or maintaining their certification with ABEM.

CME Credit for Passing the Oral Examination or ConCert Examination

Diplomates who attain certification by passing the oral certification examination, or maintain certification by passing the ConCert examination may apply to the AMA for 60 AMA PRA Category 1 Credits™. This change became effective September 1, 2010. Physicians who passed one of these examinations prior to this date can apply for 25 credits. Diplomates may apply for CME credits for up to six years from the effective date on their certificate. Additional information about earning the credits can be found here or on the AMA Direct Credit page of their website. Click here for the appropriate form.

CME for 2011 LLSA Activity

AMA PRA Category 1 Credit™ is available for the successful completion of the ABEM 2011 LLSA CME Activity. One of the elements that is required for successful completion is a score of 85% or above on the 2011 LLSA test. Physicians have a choice about the organization from which they receive the CME credits, either the American Academy of Emergency Medicine (AAEM) or the American College of Emergency Physicians (ACEP). The Accreditation Council for Continuing Medical Education rules require that physicians register for and complete the CME activity before taking the LLSA test, without exception. Click here for more information about the credits.
One group of required APP activities focuses on communication/professionalism (CP) patient feedback activities. CP activities are designed to help ensure that diplomates communicate with patients effectively and professionally. Diplomates with current CP activity requirements may use any formal method of assessing communication skills, including patient surveys, interviews, or focus groups, administered at the institutional, departmental, or individual level. Some patient feedback methods that may meet ABEM requirements include Press-Ganey, CAHPS/HCAHPS, and MAPPS. However, not all hospitals use a patient experience of care survey.

ABEM has developed a survey that is an adaptation of the CAHPS Clinician and Group Survey and Reporting Kit 2008. Diplomates who do not have access to an existing survey may download the survey and use it to fulfill their CP requirement. The survey can be accessed by clicking here. It can be printed as is, or the questions can be pasted onto a letterhead or other framework of the diplomate’s choosing. Diplomates must survey a minimum of ten of their own patients to meet their EMCC requirements. Physicians may use the survey results to inform their practice improvement. This information should not be used for summative evaluations of individual physicians, including any employment-related decisions.

After administering the survey, diplomates should sign in to EMCC Online to attest that they have completed a patient feedback activity to meet their CP requirement. ABEM independently verifies a random sample of attestations. For more information about the verification process, click here.
2009 LLSA Test to Retire on March 31, 2012

A new LLSA test based on selected readings is developed each year and is posted on the ABEM website on April 1. Each test is available for three years. The test and the associated readings are retired on March 31 at 11:59 p.m. (ET), that is, three years after being posted.

The 2009, 2010, and 2011 LLSA tests are available on the EMCC Online portion of the ABEM website. The reading lists for the LLSA tests are available by clicking here. The 2009 LLSA test was posted on ABEM’s website on April 1, 2009, and will be retired on March 31, 2012. For more information about EMCC and LLSA tests, click here.

Readings Needed for 2014 LLSA Test

High-quality LLSA tests are based on high-quality readings. Some readings are submitted by Emergency Medicine (EM) organizations, but many are submitted by ABEM diplomates.

ABEM encourages diplomates to submit journal articles, textbook chapters, or current practice guidelines that they feel exemplify recent advances or current clinical EM knowledge essential to practicing diplomates. Through this opportunity, diplomates help define the content of LLSA tests and ensure that the readings are relevant to the clinical practice of EM.

The readings are based on the Listing of Conditions and Components found in The Model of the Clinical Practice of Emergency Medicine (EM Model).

Beginning with the 2014 LLSA test, readings will not be based on specific content areas, but rather, on any area of the EM Model. This will allow the best and most currently relevant readings to be used for the test, regardless of the topic.

The Board of Directors uses the following criteria to select LLSA readings:

1. Clinically oriented in content;
2. Focused on recent advances or current clinical knowledge in EM;
3. Drawn from peer-reviewed EM journals; other high-quality, peer-reviewed journals; textbook chapters; or updated practice guidelines published in either printed or electronic form;
4. Related to any content area of the EM Model.

Additional information for submitting reading suggestions is available by clicking here.
ABEM Projects and Activities

2011 – 2012 Officer Election Results

At its July 2011 meeting, ABEM elected the following directors to the 2011–12 Executive Committee: Richard N. Nelson, M.D., President; John C. Moorhead, M.D., President-Elect; Mark T. Steele, M.D., Immediate-Past-President; James H. Jones, M.D., Secretary-Treasurer; Francis L. Counselman, M.D., Member-at-Large; and Jo Ellen Linder, M.D., Senior Member-at-Large.

2011 New Director Election Results

At its winter 2011 meeting, the ABEM Board of Directors (BOD) elected Kerryann B. Broderick, M.D., and Robert L. Muelleman, M.D., from nominees submitted to ABEM by the Emergency Medicine (EM) community-at-large.

Dr. Broderick is Associate Professor of EM at the University of Colorado at Denver, and Attending Physician, Department of Emergency Medicine at the Denver Health Medical Center, Denver, Colorado.

Dr. Muelleman is Professor and Chair, Department of Emergency Medicine, and Medical Director EMS at the University of Nebraska Medical Center; and Medical Director for Emergency Medical Services at The Nebraska Medical Center, Omaha, Nebraska.

Dr. Broderick and Dr. Muelleman attended the summer 2011 BOD meeting as observers and began their terms at the close of that meeting.
Subspecialty Appointments

At its January 2011 meeting, the Board of Directors reappointed the following as ABEM subspecialty representatives:

Jolie C. Holschen, M.D., who began a second two-year term on the Sports Medicine Examination Committee, effective July 1, 2011.

Enoch Huang, M.D., who began a second two-year term on the Undersea and Hyperbaric Medicine Examination Committee, effective July 1, 2011.

At its July 2011 meeting, the Board of Directors made the appointments and reappointments of the following as ABEM subspecialty representatives:

Joshua G. Schier, M.D., and Sean Bryant, M.D., who began initial three-year terms on the Medical Toxicology Subboard, effective January 1, 2012.


ABEM to Co-sponsor IM CCM

On September 21, 2011, the General Assembly of the American Board of Medical Specialties (ABMS) approved ABEM co-sponsorship of the American Board of Internal Medicine (ABIM) Critical Care Medicine IM-CCM subspecialty. ABEM has been working with ABIM for several years to develop a proposal that, after approval by both of the specialties’ boards of directors, was submitted to the ABMS for final approval. This co-sponsorship allows Emergency Medicine diplomates who complete an Internal Medicine CCM fellowship to apply for certification in IM-CCM. Additional details about certification will be posted on the ABEM website as they become available.
New Content Standards from the Initial Certification Task Force Project

At its January 2011 meeting, the ABEM Board of Directors (BOD) approved new content standards for the initial certification examinations. The new standards will be in effect with the fall 2014 qualifying examination.

The new standards are the result of six years of work on the part of the BOD and dedicated ABEM diplomates who volunteered their time to work on this project. Most recently, the Initial Certification Task Force (ICTF) Advisory Panel identified the knowledge, skills, and abilities (KSAs) that are necessary to the practice of Emergency Medicine (EM). The process involved a survey sent to all ABEM diplomates. Also identified were related performance scales that measure how well each KSA is performed. Both the KSAs and performance scales are based on The Model of the Clinical Practice of Emergency Medicine (EM Model). This represents a significant change in the requirements for initial certification because for the first time, the standards include specific requirements in areas such as pre-hospital care, emergency stabilization, communication, and disaster management.

The next step in implementing these new standards is to explore potential testing formats that would measure the new standards. The BOD has chosen to pilot the use of enhanced multiple-choice questions (MCQ) and an enhanced oral examination format.

The purpose of the Enhanced MCQ and Oral Examination pilot projects is to evaluate examination methods that might better simulate the practice of EM and add value to the measurement of the standards for initial certification. The Enhanced MCQ Pilot Project will evaluate the use of dynamic media stimuli, such as moving ultrasound, heart tones, and 3-D images. The purpose of the Enhanced Oral Examination Pilot is to evaluate changes to the oral examination that might better simulate the practice of EM. These changes could include using computers to display multimedia images such as moving ultrasound images, real-time vital signs that will change as patients’ conditions change, simulated electronic medical records, digital imaging systems for radiographs, dynamic cardiac monitor strips, and real-time access to drug and other information.

Each approach will be piloted with 50 first-, second-, and third-year residents and 50 practicing emergency physicians (for a total of 200 participants per pilot). The MCQ Pilot was administered November 28 - December 17, 2011, at Pearson VUE testing centers across the United States. The Oral Examination Pilot will be administered in spring 2012 in the Chicago area.
ICTF Expands Standards with New Survey

In 2010, the ABEM ICTF administered a series of surveys to diplomates to better define the clinical experience of EM. The results of the survey were used to develop new standards for initial certification beginning with the 2014 examinations. After the 2010 survey was administered, an additional 61 content areas, such as decontamination, hypopyon, and forensic examinations, were identified for potential inclusion in the ABEM testing standards. Since these areas were not included in the 2010 ICTF surveys, the BOD chose to survey diplomates again. The new survey was administered to a random sample of 3,000 diplomates during late September and early October, 2011.

PROGRAM DIRECTORS:
DID YOU KNOW?

Credit for Training in Other Specialties

ABEM requires that EM program directors seek approval for equivalent credit before residents transferring from other specialties begin training in an EM program. This ensures that the residents know what will be required of them before entering the EM program. The maximum equivalent credit that can be granted for previous training is 12 months. Knowing the amount of equivalent credit that ABEM will accept for previous training is essential for the program director to tell the resident his or her required training duration before the training begins.

For more information, see ABEM’s Policy on Credit for Training in Other Specialties.
ABEM-approved EM Combined Training Programs, January 2012

<table>
<thead>
<tr>
<th>Type of Combined Programs</th>
<th>Number of Programs Currently Training Residents</th>
<th>Sponsor Boards</th>
<th>Graduates from Combined Programs Who Have Ever Become ABEM Diplomates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medicine/Internal Medicine</td>
<td>12*</td>
<td>ABEM, ABIM</td>
<td>239</td>
</tr>
<tr>
<td>Emergency Medicine/Pediatrics</td>
<td>3*</td>
<td>ABEM, ABP</td>
<td>78</td>
</tr>
<tr>
<td>Emergency Medicine/Internal Medicine/Critical Care Medicine</td>
<td>3</td>
<td>ABEM, ABIM</td>
<td>7</td>
</tr>
<tr>
<td>Emergency Medicine/Family Medicine</td>
<td>2</td>
<td>ABEM, ABFM</td>
<td>0**</td>
</tr>
</tbody>
</table>

* Additional programs have ceased operation.
** The first program was approved in 2006 and began training residents in 2007-08.

Subspecialties at a Glance, January 2012

ABEM offers subspecialty certification in five areas: Hospice and Palliative Medicine, Medical Toxicology, Pediatric Emergency Medicine, Sports Medicine, and Undersea and Hyperbaric Medicine. When ABEM diplomates pass one of the subspecialty examinations, they receive a certificate that is valid for ten years. Certification in Emergency Medical Services will be available in 2013. The approval of ABEM as a co-sponsor of the Internal Medicine-Critical Care Medicine (IM-CCM) subspecialty means that ABEM diplomates who complete an ACGME-accredited fellowship in IM-CCM will soon be able to apply for certification in IM-CCM. (Check the ABEM website for updates.)

Diplomates who are certified in Emergency Medicine and Medical Toxicology no longer need to maintain Emergency Medicine certification for their Medical Toxicology certification to be valid. This change became effective on January 1, 2006.

Diplomates who are certified in Emergency Medicine and Pediatric Emergency Medicine no longer need to maintain Emergency Medicine certification for their Pediatric Emergency Medicine certification to be valid. This change became effective on January 1, 2007.

The table on the following page lists the current application periods and examination dates for each of the subspecialties. It also includes the total number of ABEM diplomates ever certified and recertified in each subspecialty and the primary boards that sponsor each subspecialty. The ABEM website contains a section on subspecialties certification that contains detailed information about the subspecialties.

continued on the next page
## Subspecialties at a Glance, January 2012 (continued)

<table>
<thead>
<tr>
<th>Subspecialty and Sponsor Boards</th>
<th>Examination Administration Dates</th>
<th>ABEM Diplomates Ever Certified</th>
<th>ABEM Diplomates Ever Recertified</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emergency Medical Services</strong></td>
<td>Certification Examination Fall 2013 Application Period October 1 – June 30, 2012</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td><strong>Hospice and Palliative Medicine</strong></td>
<td>Certification Examination October 4, 2012 Application Period March 1 – June 1, 2012</td>
<td>34</td>
<td>NA</td>
</tr>
<tr>
<td><strong>Internal Medicine-Critical Care Medicine</strong></td>
<td>Certification Examination November 14, 2012 Application Period March 1 – June 1, 2012 (Testing for candidates with ADA extra days is November 12-16, 2012)</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td><strong>Medical Toxicology</strong></td>
<td>Certification Examination November 12, 2012 Application Period January 16 – April 16, 2012 MOC Cognitive Expertise Examination November 8, 2012 Registration Period March 1 - October 29, 2012 Scheduling allowed up to 1 day prior to the examination date.</td>
<td>3181</td>
<td>1212</td>
</tr>
</tbody>
</table>

1 ABEM has also certified 17 diplomates from non-sponsoring ABMS boards
2 ABEM has also recertified 7 diplomates from non-sponsoring ABMS boards
# Subspecialties at a Glance, January 2012 (continued)

<table>
<thead>
<tr>
<th>Subspecialty and Sponsor Boards</th>
<th>Examination Administration Dates</th>
<th>ABEM Diplomates Ever Certified</th>
</tr>
</thead>
</table>
| **Sports Medicine** ABEM, ABFM*, ABIM, ABP, ABPM* | Certification & Recertification Examinations — Summer July 19 - 21, 2012  
Application Period - Summer February 1, 2012 – June 1, 2012  
Certification & Recertification Examinations — Fall November 7 – 10, 2012  
Application Period – Fall February 1 – October 15, 2012 (Seating limited to specifically designated candidates.) | 115  
30
| **Undersea & Hyperbaric Medicine** ABEM, ABPM* | Certification Examination October 1 – 12, 2012  
Application Period March 1 – July 2, 2012  
Recertification Examination February 22, 2012 Orlando, Florida  
April 29, 2012 Los Angeles, California  
May 13, 2012 Atlanta, Georgia  
June 20, 2012 Phoenix, Arizona  
August 23, 2012 Washington, D.C.  
Application Period February 14, 2012 through 15 days prior to the exam | 183  
7

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3 Certification examination is administered as a means to recertify.
4 Seventeen of these diplomates were certified by ABPM before ABEM co-sponsored this subspecialty.
ABEM Reference and Access Information

Reference information appears in many ABEM publications and on the ABEM website. ABEM refreshes changing 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 the ABEM website or contact ABEM at 517.332.4800.

Examination Dates 2011 – 2012

**EMERGENCY MEDICAL SERVICES**

Certification
The examination will be offered in fall 2013

**EMERGENCY MEDICINE**

In-training
Wednesday, February 29, 2012

Oral Certification
Saturday, April 28 – Monday, April 30, 2012
Saturday, October 27 – Monday, October 29, 2012

Qualifying
Monday, November 12 – Saturday, November 17, 2012

Continuous Certification (ConCert)
Monday, September 10 – Saturday, September 15, 2012

**EMCC LLSA**
Continuous on the ABEM website

**HOSPICE and PALLIATIVE MEDICINE**

Certification
Thursday, October 4, 2012

**INTERNAL MEDICINE - CRITICAL CARE MEDICINE**

Certification
November 14, 2012

**MEDICAL TOXICOLOGY**

Certification
Monday, November 12, 2012

Cognitive Expertise Examination
Thursday, November 8, 2012

**PEDIATRIC EMERGENCY MEDICINE**

Recertification
The next examination will be offered in spring 2012

**SPORTS MEDICINE**

Certification and Recertification
Thursday, July 19 – Saturday, July 21, 2012

Wednesday, November 7 – Saturday, November 10, 2012*

(*November seating limited to specifically designated candidates.)

**UNDERSEA & HYPERBARIC MEDICINE**

Certification
Monday, October 1 – Friday, October 12, 2012

Recertification
The next examination will be offered in 2012

Check ABEM’s website periodically for updated information about examination dates and related information.
How to Contact ABEM

ABEM’s phones are answered Monday through Friday, 8:30 a.m. to 4:30 p.m. (ET)

517.332.4800 (phone)
517.332.2234 (fax)

American Board of Emergency Medicine
3000 Coolidge Road
East Lansing, MI 48823-6319

abem@abem.org (email)
www.abem.org (website)

When you have questions, email ABEM using these addresses:

EMCC emcc@abem.org
Certification Application Process application@abem.org
Qualifying Examination Registration qualify@abem.org
Emergency Medicine Training training@abem.org
Verification of Certification verify@abem.org
Oral Certification Examination oralcertification@abem.org
Subspecialties subspecialties@abem.org
Address Changes addressupdate@abem.org
Examination Content Development or Scoring examcontent@abem.org
Research
   Longitudinal Study research@abem.org
   Other ABEM Research
Business Activities
   General Questions abem@abem.org