



Lifelong Learner

ABEM Continuing Certification

LESSON 23



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Objectives

On completion of this lesson, you should be able to:

1. Explain the evolution of ABEM's continuing certification process.
2. Recognize the most recent changes to the ABEM continuing certification process.
3. Identify continuing certification requirements.
4. Discuss methods to meet the IMP requirement.
5. Explain the benefits of the optional modules that do not count toward continuing certification requirements.

From the EM Model

20.0 Other Core Competencies of the Practice of Emergency Medicine

20.2 Practice-Based Learning and Improvement

The American Board of Emergency Medicine (ABEM) has a mission to ensure the highest standards in the specialty of emergency medicine. It does so through its voluntary continuing certification process that emergency physicians complete if they want to be ABEM certified. Participation in continuing certification ensures that physicians are engaged in a program of continuous professional development that conforms to the national standards for their specialty.

CRITICAL DECISIONS

- What are ABEM's requirements for continuing certification, and how are they met?
- How is the IMP requirement met?
- Why should ABEM certification be maintained?
- What are the best ways to prepare for taking MyEMCert modules?
- Why take the optional modules that do not count toward continuing certification requirements?

CASE PRESENTATIONS

■ CASE ONE

KG is a 42-year-old ABEM-certified physician with 21 years of experience and ABEM certification. She has read about ABEM's revised continuing certification process and wonders how this new format differs from the traditional high-stakes recertification examination.

■ CASE TWO

JK is a 59-year-old ABEM-certified physician who took the ConCert Exam one last time in 2022 before retirement. He was informed that his next ABEM certification period

is only for 5 years and that he must pay an annual fee. He does not understand why his continuing certification requirements have changed when he is nearing retirement. He had planned on taking the ConCert Exam and not having to do anything else.

■ CASE THREE

JM is a 35-year-old diplomate who became ABEM certified 2 years ago. She works in a critical access emergency department and is unclear about how to satisfy the IMP requirement.

Introduction

The American Board of Medical Specialties (ABMS) requires that all medical specialty member boards have a continuing certification process to provide ongoing learning and a periodic external assessment of each board-certified physician's cognitive expertise. The primary aim of continuing certification is to help maintain the highest standards for safe and quality patient care. An assessment helps to assure patients, physicians, and other stakeholders that ABEM-certified physicians (also known as diplomates) are continually working to improve the emergency care that they provide.

History of Continuing Certification

When the ABMS was founded in the 1930s, physicians who achieved board certification were issued lifetime certificates; they were never required to take another examination to remain certified. Beginning in the 1970s, some ABMS member boards began to require continuing certification by issuing time-limited certificates to ensure higher quality standards for their certified physicians. Two ABMS member boards, the American Board of Family Medicine and ABEM, always had a continuing certification requirement and never offered lifetime certificates.

Because of rapid medical advances and patient safety concerns described in the Quality of Health Care in America Committee of the Institute of Medicine report issued in 1999, lifetime certification offered by some of the ABMS member boards was felt to be insufficient.¹ Career-long performance standards were no longer ensured by initial certification and annual continuing medical education (CME) activities, which may not address gaps in competency.² State medical licensing board interventions existed, but there were no national standards to evaluate physician engagement in a career-long program of ongoing professional development. As a result, in 2000 the ABMS outlined a set of standards for ongoing professional development known as *maintenance of certification* (MOC), now called continuing certification, that all ABMS member boards are required to follow.

Initial certification and continuing certification activities have been shown to enhance patient safety, improve the quality of patient care, and reduce health care costs.³⁻⁶ ABEM continually reassesses the continuing certification experience for certified physicians and works to make continuing certification relevant and user-friendly while adhering to ABMS standards.

Keeping ABEM's Continuing Certification Process Relevant

ABEM convened a continuing certification summit of stakeholder organizations in emergency medicine in October 2014. Participants critically reviewed ABEM's continuing certification process and the 2015 ABMS Continuing Certification Standards. Roundtable discussions included strengths of the current program, opportunities for improvement, assessing professionalism, identifying and addressing competency gaps, and enhancing relevancy.

ABEM surveyed its over 36,000 certified physicians in 2017 about continuing certification. Physicians (93%) responded that they preferred an at-home examination with shorter, more frequent open-book tests instead of the existing high-stakes recertification examination (ConCert Exam).⁷ Physicians agreed that medical knowledge should be tested to maintain certification.

Informed by the stakeholder summit, the ABEM diplomate survey, and emerging research on knowledge translation, ABEM redesigned its continuing certification process to align with the ABMS revised Standards for Continuing Certification.⁸ In 2021, the ABMS approved their new Standards for Continuing Certification, effective in 2024. These standards require a certification period of 5 years or less, something that physicians agreed with during the discovery phase leading up to its implementation.

Additional Changes to Continuing Certification

In 2021, ABEM enacted a Code of Professionalism and implemented a 5-year certification period along with an annual fee requirement for all newly certified or recertified physicians. Annual fees are a standard practice within the certification community; ABEM was nearly the last ABMS member board to implement one.

The ABEM Board of Directors designed a new fee structure in response to physician feedback. Physicians indicated in a survey that they would prefer an annual fee over large, episodic fees. One of the rationales was that an annual fee would more easily align with CME funding through employers. Beginning in 2021, physicians who certify or recertify receive a 5-year certificate and must pay an annual fee. The fee is an annual requirement and not an additional fee; it takes the place of paying for individual activities. Physicians have the option of paying the annual fee for all 5 years of certification in one lump sum during the first year of their 5-year certification or making annual payments. The fee

can be paid at any time during the year but must be paid to access continuing certification activities. Nonpayment of the annual fee could eventually result in decertification.

Several factors contributed to the decision to change the certification cycle to 5 years:

- The ABMS Continuing Certification Standards require all member boards to change their certification cycles from 10 years to 5 years or less. Physicians will move to a 5-year certificate when their current certificates expire.
- Five-year certification cycles create a more continuous approach to keeping up with medical knowledge and key advances in the specialty.

The public and patient groups view the 10-year certification process as too long for keeping up with changes. A recent ABEM/Harris Poll found that when emergency physicians were asked how frequently they should be tested to maintain certification, 54% responded that testing should take place at least once per year.⁹

The Professionalism and Professional Standing component of continuing certification serves as a screening mechanism to ensure that board-certified physicians maintain professional behavior and that there are no sanctions against their medical licenses by any state medical licensing boards. Participants in the continuing certification process must continuously hold a current, active, valid, full, unrestricted, and unqualified license to practice medicine in at least one jurisdiction in the United States, its territories, or Canada and in each jurisdiction where they practice. Participants in the continuing certification process must report to ABEM all currently and previously held licenses.¹⁰ This requirement is especially important for physicians who work in multiple states, such as emergency physicians doing locum tenens.

Any license that is conditional, under probation, or limits the physician to a specific practice setting does not meet this continuing certification requirement, including licenses in states where the physician may not be practicing. If even one of a physician's licenses does not meet these standards, ABEM may revoke certification. Because state medical boards report to one another through the Federation of State Medical Boards, a sanction against a physician in one state can result in another state revoking the physician's medical license, even when the physician has not acted out of accordance in the second state. Physicians should also be mindful that states can choose to suspend medical licenses due to civil or criminal matters unrelated to the clinical practice of medicine, such as being charged with driving under the influence, domestic violence, or failure to pay child support. ABEM maintains an appeal process for physicians who do not fulfill the requirements of the ABEM Policy on Medical Licensure.

ABEM-certified physicians must also comply with the ABEM Code of Professionalism.¹¹ ABEM's Code of Professionalism requires that physicians "refrain from conduct that the Board determines, in its sole judgement, to be sufficiently egregious that it is inconsistent with ethical behavior by a physician." If physicians do not comply with this code, they can be subject to review under ABEM's disciplinary action process that can result in decertification. ABEM also maintains an appeal process for physicians who do not fulfill the requirements described in the Code of Professionalism.

ABEM intentionally aligns continuing certification requirements with work that clinically active emergency physicians routinely perform. Accordingly, ABEM has

developed ways to help physicians meet reporting requirements in as seamless a way as possible. For example, ABEM worked with the American College of Emergency Physicians (ACEP) to provide automatic Improvement in Medical Practice (IMP) requirement credit for physicians who participate in the Clinical Emergency Data Registry (CEDR). CEDR houses data used to comply with federal quality measure reporting, enabling participating emergency physicians to monitor and assess their adherence to nationally established quality measures.

ABEM diplomates want a clear description of their pending continuing certification requirements. ABEM provides this information through the "✓ ABEM Reqs" tool on their public website (abem.org/checkreqs). A diplomate can see specific certification requirements by entering the year that their certificate expires and the length of their certification (5 or 10 years). Physicians can also view which requirements are complete and which are outstanding through their profile on the secure portal (accessible at abem.org). Physicians are encouraged to contact ABEM directly (abem@abem.org) should any questions arise about their continuing certification requirements.

CRITICAL DECISION

What are ABEM's requirements for continuing certification, and how are they met?

For physicians who currently hold a *10-year certificate* (that is, those who certified or last recertified between 2012-2021), there are four parts to continuing certification:

- Professionalism and Professional Standing;
- Lifelong Learning and Self-Assessment (LLSA);
- Assessment of Knowledge, Judgement, and Skills; and
- IMP.

These physicians pay activity fees for LLSAs, the ConCert Exam, and MyEMCert modules.

✓ Pearls

- Ideas for fulfilling the IMP component of continuing certification are in a drop-down menu on ABEM's secure portal. Most clinically active emergency physicians will be able to select one of the available options based on performance measures already being tracked by their hospitals.
- Diplomates can take MyEMCert modules by themselves at any time in any location. Taking one module each year provides diplomates with knowledge of the most current advances in emergency medicine and spreads out certification requirements to make the modules more manageable.
- CME credit can be earned for every LLSA activity and MyEMCert module. Diplomates are encouraged to take advantage of this relatively low- or no-cost CME option.

Physicians whose *certifications are for 5 years* (ie, those who certified or recertified in 2021 or later) have three components for continuing certification:

- Professionalism and Professional Standing;
- IMP; and
- MyEMCert modules (which combine the LLSA and Assessment of Knowledge, Judgement, and Skills requirements).

These physicians pay an annual fee.

LLSA

ABEM's requirement for meeting the LLSA component is completion of four LLSA activities within the first 5 years of a 10-year certification period. *LLSAs are required only for physicians with a 10-year certification.* LLSAs will no longer be available in 2026. MyEMCert modules incorporate aspects of LLSAs that physicians have historically found favorable, such as relevancy and currency. Physicians who are uncertain if they must complete LLSAs should consult the ✓ ABEM Reqs tool or contact ABEM for guidance.

The LLSA component is a list of 10 to 15 emergency medicine-relevant articles that is released annually until 2026. The activity is designed to be self-study, but many emergency physicians find it useful to discuss the LLSA readings in a group setting to enhance learning. After reviewing the articles, each diplomate then takes an open-book test (20-30 questions) based on the readings, with three attempts per registration to pass; a score of 85% or higher is considered passing. ABEM-certified physicians can also take the LLSA tests for EMS, medical toxicology, and pediatric emergency medicine, even if not certified in these areas. These subspecialty LLSA activities count toward meeting emergency medicine continuing certification requirements.

To enhance the value of LLSAs, ABEM provides the option to obtain CME credit for completed LLSA activities and MyEMCert modules from external providers. Physicians can obtain 7 to 15 *AMA PRA Category 1 Credits*[™] for each LLSA activity or 9 *AMA PRA Category 1 Credits*[™] for the successful completion of a MyEMCert module; physicians can choose to receive these credits from ACEP. Of the over 27,200 LLSA tests and MyEMCert modules taken in 2022, the CME activity was selected by 80% of test takers.

✘ Pitfalls

- Participating in unethical activities, even when unrelated to the practice of medicine, can lead to sanctions against a physician's medical license and, potentially, a loss of board certification.
- Forgetting to register for relatively inexpensive CME activities before taking LLSA tests or MyEMCert modules.
- Falling behind on annual LLSA tests or MyEMCert modules can lead to time-consuming cramming in the last 5 years of certification; keeping up with these requirements annually is best.

Assessment of Knowledge, Judgement, and Skills

Physicians whose certifications expire in 2026 or earlier had the option of taking the ConCert Exam in their last 5 years of certification as part of the renewal process. This option became unavailable after 2022, when the ConCert Exam was discontinued. Taken at a proctored computer-testing center, the ConCert Exam used to be ABEM's only external assessment of diplomates' cognitive skills.

A common misunderstanding some physicians had was that if they took the ConCert Exam, their certification would renew for 10 years. Taking the ConCert Exam to renew ABEM certification is just one of several requirements for maintaining certification — the ConCert Exam alone does not renew certification.

In 2021, ABEM launched MyEMCert, an online, open-book, module-based assessment. MyEMCert became available as the alternative to the ConCert Exam. Physicians who hold a 10-year certificate are required to complete four MyEMCert modules in the second 5 years of certification. Physicians who hold a 5-year certificate are required to complete four MyEMCert modules during their certification period.

The modules are organized by content area, allowing physicians to select and retain information related to specific clinical topics. Each module contains about 50 questions, with approximately 70% on presentation-based knowledge and 30% on key advances. Key advance questions are based on practice advances, clinical policy alerts, and suggestions from the literature but are not necessarily related to a module's topic. Physicians can complete the modules in whatever order they choose but must complete them without assistance from others. Physicians have 4 hours to complete each module (although they can pause the examination and stop the clock from running) and have three attempts in the calendar year to pass each one. Diplomates also receive immediate feedback on the accuracy of their responses and the rationale for the correct answers.

Content for all ABEM assessments is derived from *The Model of Clinical Practice of Emergency Medicine*, an outline of the knowledge, skills, and abilities required of ABEM-certified emergency physicians. This outline is routinely updated through a collaboration of leaders of emergency medicine organizations to reflect clinical emergency medicine. MyEMCert modules cover eight topics:

- Abdominopelvic;
- Abnormal vital signs and shock;
- Head and neck;
- Neurology;
- Nontraumatic musculoskeletal;
- Social and behavioral health;
- Thoracorespiratory; and
- Trauma and bleeding.

Writing test questions that are relevant, important, and fair is a priority in developing MyEMCert questions. Questions are written by a team of trained, volunteer item writers who are board-certified, clinically active emergency physicians and are edited by ABEM directors who are also clinically active in emergency medicine. Content for key advance items is developed by emergency physicians and a clinical pharmacist who are experts in evidence-based medicine.

CRITICAL DECISION

How is the IMP requirement met?

The IMP certification component emphasizes practice-based learning related to patient care and professionalism. The vast majority of clinically practicing emergency physicians can get credit for the IMP portion of certification through process improvement work that their department is already doing. ABEM may be contacted directly with any questions about IMP requirements.

The four required steps for the IMP component include (1) measure 10 or more patients with a specific condition or clinical situation; (2) compare this metric to a national standard of care; (3) implement an improvement; and (4) reassess performance in achieving the practice performance metric. For physicians with a 10-year certification, the practice improvement activity must be completed once during the first 5 years and once during the second 5 years of each 10-year certification period. Physicians with a 5-year certification are required to complete one practice improvement activity during their certification.

The IMP requirement is usually considered the easiest component of the continuing certification process to meet. Every emergency department has performance metrics that are tracked to guide practice changes to improve patient care. Emergency physicians can meet the IMP requirement by using their practice's group data if physician-specific data is available. However, sometimes emergency physicians are unaware of the metrics that are monitored and could be used to fulfill the IMP component. Examples of emergency department measures that meet this requirement span the entire spectrum of care, from tracking door-to-thrombolytic therapy for acute stroke patients to screening patients for the risk of opioid use disorder prior to prescribing medications (*Table 1*). For physicians who work in lower-acuity settings like urgent care centers, meeting the IMP portion can be more challenging.

ABEM has a menu of options for IMP attestation. Additionally, ABEM allows physicians to submit individualized practice improvement attestations that must include pre- and postintervention data. Externally developed practice improvement activities are also available for physicians who cannot identify an option from ABEM's list on its website (*Table 2*).

CRITICAL DECISION

Why should ABEM certification be maintained?

Although ABEM board certification is voluntary and not required to be a licensed physician, the reality is that many hospitals, medical staff organizations, and third-party payors require board certification. Because patients do not choose their emergency physician, ABEM certification demonstrates to the public that an emergency physician is adhering to a career-long program of continuous professional development. ABEM certification is also associated with higher reimbursement — on average, an additional \$43,000 in annual compensation per physician.¹²

Certification is important for professional self-regulation and serves as a social contract with the public. Historically, physicians did not adequately address health care costs and

quality, and as a result, federal statutes and regulations were imposed. To remain a field with high levels of professional self-regulation, medicine must demonstrate to the public that physicians undergo regular assessment of their skills and knowledge through specialty certification boards like ABEM.

ABEM certification promotes lifelong learning. MyEMCert is an assessment *for* learning rather than an assessment *of* learning. An assessment of learning tests medical knowledge and diagnostic skills. The Qualifying (written) Exam is an assessment of learning. It ensures that physicians who want to become board-certified meet the minimum standard set by the board. MyEMCert is an assessment for learning because it covers current practices in emergency medicine and provides immediate feedback about whether questions have been correctly answered, as well as rationales for correct answers. It also provides additional resources in case physicians need to fill specific knowledge gaps. The overall goal is for physicians to integrate what they learn from MyEMCert modules into their clinical practice.

If ABEM certification lapses, it can be regained in different ways.¹³ If the certificate expired less than 5 years ago and four or fewer LLSA tests or two MyEMCert modules were missed while certified, certification can be regained by making up missed requirements. If certification expired more than 5 years ago or if more than four LLSA test requirements were missed while certified, a physician must pass four MyEMCert modules and then the Oral Certification Exam to regain certification. Physicians in these situations are encouraged to contact ABEM directly for assistance.

CRITICAL DECISION

What are the best ways to prepare for taking MyEMCert modules?

MyEMCert is open book, so study requirements are minimal. However, resources are available for review before or while taking a module. ABEM recommends reviewing all available key advance synopses prior to taking any module because questions about any key advance can be included in any module. Written synopses are available for each key advance, and some have video reviews.

Study points are another resource that diplomates have indicated are useful in preparing for modules; each module topic has study points. Study points do not provide examples of module questions but rather focus on areas of study and preparation. Other resources include a no-cost demo module, sample questions, a quick start guide, and a number of frequently asked questions. All available resources can be found at abem.org/myemcert-resources.

CRITICAL DECISION

Why take the optional modules that do not count toward continuing certification requirements?

ABEM offers several modules that provide additional learning opportunities. They do not count toward continuing certification requirements but are available at no cost, offer associated CME activities, and provide clinical practice updates that help emergency physicians acquire knowledge important to their specialty.

| Area | IMP | Area | IMP |
|-----------------------------------|--|--|--|
| Time-related | <ul style="list-style-type: none"> • Door-to-doctor time • Emergency department length of stay for discharged psychiatric and transferred patients • Throughput time improvement • Time to disposition decision | Pain management and sedation | <ul style="list-style-type: none"> • Time to pain management • Reassessment of pain after analgesia • Procedural sedation safety |
| Infectious disease-related | <ul style="list-style-type: none"> • Sepsis guidelines, use of DART toolkit • Septic shock: repeat lactate level measurement and lactate clearance rate of ≥10% • Antibiotic stewardship • Appropriate testing for children with pharyngitis • Appropriate treatment for children with upper respiratory infection • Antibiotic treatment for adults with acute bronchitis: avoidance of inappropriate use • Antibiotics within a specific time • Blood culture before antibiotics • Immunization status • COVID-19 patient management | Patient safety, error reduction, and complication avoidance | <ul style="list-style-type: none"> • Prevention of central venous catheter bloodstream infections • Ultrasound use for central line insertion • Appropriate Foley catheter use • Medication error reduction • Appropriate use of restraints and seclusion • Management of the intoxicated or alcohol withdrawal patient • Reassessment of vital signs at discharge • Planning safer and more effective aftercare • Reducing discrepancies between emergency physician and radiologist x-ray interpretation • Notification of regional poison control center for poisoned patients • Safe ventilator management • Adherence to indications for blood transfusions |
| Stroke-related | <ul style="list-style-type: none"> • Head CT within 45 min of arrival • Thrombolytic consideration or use in eligible patients • Door-to-puncture time for endovascular stroke treatment • Stroke activations and care pathways | Substance use disorder and mental health | <ul style="list-style-type: none"> • Initiate medication for opioid use disorder (MOUD) • Assure outpatient follow-up for MOUD • Evaluation for risk of OUD • Use of statewide electronic pain medication prescribing system • Opioid overdose management • Adherence to opioid prescribing recommendations for chronic pain • Implementing an alcohol withdrawal management guideline • Screening for substance use disorder • Referral to outpatient community mental health • Depression screening • Integration of behavioral health |
| Cardiac-related | <ul style="list-style-type: none"> • Door-to-balloon time for acute myocardial infarction (AMI) • Transfer time to another facility for AMI intervention • Aspirin at arrival for AMI or chest pain • Assessment for chest pain • Median time to ECG for AMI or chest pain • Improving care for patients with chest pain • Cardiac resuscitation and postresuscitation care • Screening for high blood pressure and follow-up documented | Palliative care | <ul style="list-style-type: none"> • Use of palliative care consultation • Discussion of end-of-life care goals • Integration of hospice into emergency care • Adherence to POLST registry according to state standards |
| Appropriate imaging | <ul style="list-style-type: none"> • Appropriate CT use for: minor blunt head trauma (adult or pediatric population), suspected pulmonary embolus, and abdominal pain in adults • Appropriate imaging for renal and ureteral colic • Appropriate imaging for trauma patients • Imaging for low-back pain • Ultrasound for diagnosing abdominal pain (pediatric population) • Ultrasound determination of pregnancy location in pregnant patients with abdominal pain • Appropriate use of neuroimaging for patients with primary headache, a normal neurologic examination, and no trauma • Avoidance of head CT for patients with uncomplicated syncope | Additional common measures and activities | <ul style="list-style-type: none"> • Left without being seen • Unscheduled return visits • Ongoing Professional Practice Evaluation • Focused Professional Practice Evaluation • Improvement of difficult airway management • Asthma pathways • EMA Clinical Performance Improvement Program • Pregnancy test for female abdominal pain patients • Appropriate use of urine culture |
| Advancing health equity | <ul style="list-style-type: none"> • Increasing collection and data integrity of race, ethnicity, language preference, and health-related social needs • Use of data to identify a health equity focus • Access to linguistically and culturally appropriate care • Securing pregnancy-related care for Black, American Indian, and Alaskan native women • Consultation to social work to improve health insurance and prescription access • Consultation to mental health and substance use disorder specialists for at-risk populations • Auxiliary aids for patients with communication disabilities | | |

TABLE 1. Patient care practice improvement activities approved by ABEM

Available to All ABEM and Former ABEM-Certified Physicians

ACEP CEDR

ACEP E-QUAL initiatives: substance abuse disorder

ACEP E-QUAL initiatives: acute stroke and venous thromboembolism

ACEP E-QUAL initiatives: acute infections

American Academy of Pediatrics Revise II: reducing excessive variability in infant sepsis evaluation

Available to Specific Groups

Multispecialty Portfolio Approval Program

TABLE 2. Externally developed practice improvement activities approved by ABEM

remain the foundation of the professionalism component. The LLSA activity features articles relevant to the day-to-day clinical practice of emergency medicine and allows ABEM-certified physicians to concentrate on areas of interest such as EMS, medical toxicology, or pediatric emergency medicine. MyEMCert modules keep physicians up to date on the most current advances in the clinical practice of emergency medicine. Completing the IMP component allows diplomates to document the many quality improvement activities that emergency physicians contribute to. ABEM continues to incorporate feedback to improve the certification process and make it easier for emergency physicians to complete.

The Resuscitation module is open book and was developed to enhance physician knowledge, skills, and abilities in evaluating and resuscitating newborns, children, and adults. ABEM is working to promote it as a way to fulfill state CME requirements and hospital credentialing requirements. It provides six AMA PRA Category 1 Credits™ from ACEP. Diplomates have three opportunities per calendar year to take and pass the Resuscitation module.

Two other new modules from ABEM, the Substance Use Disorder and Opioid Use Disorder modules, are also open book and available at no cost to ABEM-certified physicians. Article summaries and video synopses are available with these two modules. Physicians can claim a total of six CME credits between the two modules. These credits can be applied toward the new DEA requirement. Those who take the MyEMCert Social and Behavioral Health module and opt for the CME activity can apply two credits toward the DEA requirement as well.

Summary

Continuing certification for ABEM-certified physicians helps ensure the highest standards for the specialty of emergency medicine. Developed as a response to patient safety concerns, ABEM's continuing certification process assesses varied aspects of physician performance beyond licensure and traditional CME activities.

Unrestricted state licensure and adherence to the ABEM Policy on Medical Licensure and Code of Professionalism

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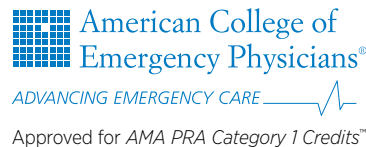
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CASE RESOLUTIONS

■ CASE ONE

The current certification has been shortened from 10 to 5 years, and MyEMCert modules have replaced the traditional high-stakes ConCert Exam. MyEMCert was designed to be less burdensome and more relevant to physicians' clinical practice than the ConCert Exam. Instead of taking an 8-hour, closed-book examination at a testing center (like with the ConCert Exam), physicians can choose when to take the MyEMCert modules, which are open book and provide immediate responses on correct answers and answer rationales. Testing on key advances in emergency medicine is also incorporated into MyEMCert modules. This new process of testing incorporates learning and can identify gaps in each physician's knowledge. LLSA articles and ideas for MyEMCert Key Advances can be submitted to ABEM by any diplomate for consideration.

■ CASE TWO

The ConCert Exam has been only one of several requirements for ABEM continued certification. Passing the ConCert Exam alone has not been enough to renew certification in the past.

The 5-year certification cycle was put into effect to align with the new ABMS Standards for Continuing Certification (effective in 2024) that require a certification period of 5 years or less, something that diplomates indicated they agreed with during the discovery phase leading up to the implementation of shorter certification periods. Becoming and staying certified now requires that activities are completed on a more frequent basis. This allows physicians to stay up to date in the current practice of emergency medicine and aligns with public opinion

that emergency physicians should be tested more frequently to maintain certification.

Annual fees are a standard practice within the certification community. ABEM was one of the last ABMS member boards to implement an annual fee. Additionally, diplomates indicated in a survey that they would prefer an annual fee over large, episodic fees because an annual fee more easily aligns with CME funding through employers. The fee is an annual requirement and not an additional fee; it takes the place of paying for individual activities.

■ CASE THREE

Satisfying the IMP activity for continuing certification should be relatively easy for emergency physicians. Tracking physician performance is common in different settings for emergency care. Any hospital that accepts Medicare and Medicaid has performance metrics that it tracks for its emergency department. Measurements can include, for example, The Joint Commission's Core Measure, an improvement in documentation, a doctor-patient communication measurement, or patient safety event reporting. Emergency physicians can meet the IMP requirement by using their practice's group data if physician-specific data are available. ABEM has a menu of options for IMP attestation. Additionally, ABEM allows physicians to submit individualized practice improvement attestations that must include pre- and postintervention data. Externally developed practice improvement activities are also available for physicians who cannot identify an option from ABEM's list on its website.

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