ABMS Continuing Certification Standards Consideration in Application

ABMS Standard	Section in Application Addressing Standard
1. Program Goals Member Boards must define goals for their continuing certification program that address the overarching themes in the Introduction and each of the subsequent standards in this document.	Section 2. The Case For An Independent Certifying Board For Cardiovascular Medicine
2. Requirements for Continuing Certification Member Boards must define the requirements and deadlines for each component of their integrated continuing certification program.	Section 3.4. Certification Requirements
3. Assessment of Certification Status Member Boards must determine at intervals no longer than five years whether a diplomate is meeting continuing certification requirements to retain each certificate.	Section 3.4. Certification Requirements
4. Transparent Display of Certification History Member Boards must publicly display 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 any requirements (either a performance or participation requirement) in their continuing certification program are not met. Changes in the status of a certificate must be publicly displayed, including any disciplinary status. Member Boards must use common categories for reporting the status of certificates, with such categories being defined, used, and publicly displayed in the same way.	Section 3.4.2. Continuous Certification Requirements Section 3.5.2. Continuous Certification Evaluation Plan
5. Opportunities to Address Performance or Participation Deficits Member Boards must provide diplomates with opportunities to address performance or participation deficits prior to the loss of a certificate. Fair and sufficient warning, determined by each Member Board, must be communicated that a certificate might be at risk.	Section 3.5.2. Continuous Certification Evaluation Plan
6. Regaining Certification Member Boards must define a process for regaining certification if the loss of certification resulted from not meeting a participation or performance standard.	Section 3.4.3. Recertification Requirements
7. Program Evaluation Member Boards must continually evaluate and improve their continuing certification program using appropriate data that include feedback from diplomates and other stakeholders.	Section 3.5.4. Initial and Continuing Certification Programs Audit Plan
8. Holders of Multiple Certificates Member Boards must streamline requirements for diplomates who hold multiple certificates, to minimize duplication of effort and cost.	Section 3.4.2. Continuous Certification Requirements

ABMS Standard	Section in Application Addressing Standard
9. Diplomates Holding Non-time-limited Certificate Member Boards must have a process by which non-time-limited certificate holders can participate in continuing certification without jeopardizing their certification status.	Section 3.4.2. Continuous Certification Requirements
 a. Primary Source Verification of unrestricted licensure must occur annually. b. In addition, Member Boards must have a mechanism to identify and review information regarding licensure in every state in which the diplomate holds a medical license. c. Any actions by other authorities that signal a violation of the Member Board's professionalism policies that become known by a board must also be reviewed. 	Section 3.5.3. Evaluation of Professional Standing
11. Responding to Issues Relating to Professional Standing and Conduct Member Boards must have policies on professional standing and conduct that define the process for reviewing and taking action on the information that reflects a violation of professional norms. Policies should be communicated to diplomates and available on Member Board websites.	Section 3.5.3. Evaluation of Professional Standing
12. Program Content and Relevance Member Boards' continuing certification programs must balance core content in the specialty with practice-specific content relevant to diplomates.	Section 2. The Case For an Independent Certifying Board For Cardiovascular Medicine Section 3.3.1. Core Content and Clinical Competencies Section 3.3.3. Blueprints of Cardiovascular Medicine and
	Subspecialties
13. Assessments of Knowledge, Judgment, and Skills 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 assessment options that have a formative emphasis and that assist diplomates in learning key clinical advances in the specialty.	Section 3.4. Certification Requirements
14. Use of Assessment Results in Certification Decisions Member Boards' continuing certification assessments must meet psychometric and security standards to support making consequential, summative decisions regarding certification status.	Section 3.5.2. Continuous Certification Evaluation Plan Section 4.1. Integrity and Psychometric Expertise
	Section 4.2. Analysis & Reporting Expertise

ABMS Standard	Section in Application Addressing Standard
15. Diplomate Feedback from Assessments Member Board assessments must provide personalized feedback that enhances learning for diplomates.	Section 3.4.2. Continuous Certification Requirements
16. Sharing Aggregated Data to Address Specialty-based Gaps Member Boards must analyze performance data from their continuing certification program to identify any specialty-based gaps. Aggregated identified gaps should be shared with essential stakeholders, including diplomates, for the development of learning opportunities.	Section 4.3. Testing Technology, Data Tracking, Security & Accommodations Section 4.3.2. Continuous Certification
 17. Lifelong Professional Development a. Member Boards' continuing certification programs must reflect principles of Continuing Professional Development (CPD) with an emphasis on clinically oriented, highly relevant content. b. Continuing certification should increase a diplomates' knowledge, skills and abilities that result in the provision of safe, high-quality care to patients. c. CPD activities must be of high quality and free of commercial bias. d. Member Boards should work with stake holders to help diplomates identify relevant, high-quality activities and report completion with minimal administrative burden. 	Section 3.4.2. Continuous Certification Requirements Section 3.5.2. Continuous Certification Evaluation Plan Section 4.1. Integrity and Psychometric Expertise
18. Quality Agenda In collaboration with stakeholder organizations, Member Boards must facilitate the process for developing an agenda for improving the quality of care in their specialties. One area of emphasis must involve eliminating health care disparities.	Section 3.4.2. Continuous Certification Requirements Section 3.5.2. Continuous Certification Evaluation Plan
19. Engagement in Improving Health and Health Care Member Board continuing certification programs must commit to helping the medical profession improve health and health care.	Section 3.4.2. Continuous Certification Requirements