CONTINUING BOARD CERTIFICATION

VISION for the FUTURE

CONTINUING BOARD CERTIFICATION: VISION for the FUTURE COMMISSION
Summary of Testimony
July 2018

The Continuing Board Certification: Vision for the Future Commission (Commission) is charged with reviewing and understanding continuing certification programs within the current context of the profession of medicine. Commission members are involved in health care leadership and/or clinical practice in health systems, academic medicine, group medical practices, state associations, health advocate organizations, professional organizations and the public. The Commission has held two in-person meetings, one on March 19 – 21, 2018, in Washington, DC and the other on May 30 – June 1, 2018, in Denver, Colorado. While each of these meetings included closed sessions for Commission Members, a majority of the time was dedicated to hosting open sessions for public testimony. Agendas for the open sessions in March and May are available.

Over the course of the two meetings, speakers provided over 21 hours of public testimony in open sessions. Testimony was sought to provide opportunities for stakeholders in the system of continuing certification the opportunity to discuss their perspectives on the system as well as their thoughts on innovations and possible changes with Commission members. In addition to their oral presentations, stakeholders were also asked to provide written statements for the Commission's records.

At the March meeting, representatives of several ABMS Member Boards discussed their continuing certification programs. Leadership of the Council of Medical Specialty Societies (CMSS) and some of its member organizations as well as assessment experts and psychometricians also provided formal comments. During additional open sessions, leadership from state medical associations, the Association of American Medical Colleges (AAMC), the National Board of Medical Examiners (NBME), consumer and health care quality advocate groups, continuing medical education (CME) providers, and practicing physicians in various specialties provided their perspectives. Question-and-answer sessions followed each set of presentations.

At its May meeting, the Commission continued to hear from key stakeholders. Leadership from additional ABMS Members Boards began the open session. This session was followed by a session on the relationships between the Member Boards and their respective specialty societies, comments from the ABMS Board of Directors leadership, and presentations on international models of physician certification. On the following day, additional state medical associations and practicing physicians, including a physician representative of the National Board of Physicians and Surgeons, provided their thoughts. These sessions were followed by a presentation by American Osteopathic Association (AOA) leadership, a panel of ABMS Portfolio Program Sponsors, and comments from hospital and health system administrators along with medical staff credentialers.

Following is a summary of the public testimony provided to the Commission. Each of the noted stakeholder groups was asked to address the value of certification and to highlight best practices and/or key concerns from their perspective. The testimony sought to provide a common foundation for all Commission members.

ABMS MEMBER BOARDS

The Commission heard from a variety of Member Boards representing large numbers of diplomates and specialties to much smaller Boards with fewer diplomates. The Boards represented hospital-based specialties, primary care specialties, medical specialties, and surgical specialties. Each of the Boards presenting to the Commission (Anesthesiology, Dermatology, Family Medicine, Internal Medicine, Medical Genetics and Genomics, Orthopaedic Surgery, Otolaryngology, Pathology, Pediatrics, Psychiatry and Neurology, Surgery, and Urology) reviewed the goals for continuing certification along with program components and recent and planned innovations. Representatives from the Boards answered questions on Board philosophies and approaches to their continuing certification programs and discussed the movement toward support for a lifelong learning framework that incorporates more practice relevant, up-to-date knowledge and practice guidelines in their programs.

To provide additional background in the principles of assessment, psychometricians from four of the Boards (Anesthesiology, Family Medicine, Internal Medicine, and Pediatrics) shared the psychometric methods that are part of their programs, provided several scenarios based on existing data, and answered questions regarding the costs of these approaches and potential alternatives.

Summary of ABMS Member Board Testimony:

Testimony and related discussion at both meetings highlighted the following components of current continuing certification approaches:

- Board requirements for professionalism and professional standing, lifelong learning and self-assessment, assessment of knowledge and clinical skills, and improvement in medical practice as components of continuing certification programs
- Types, frequency, sources, and costs of lifelong learning activities used and self-assessment activities accepted
- Lengths of time-limited certification cycles and related timeline notifications, issues, and grace periods
- Diplomate engagement strategies from initial certification through continuing certification such as personalized dashboards, surveys, focus groups, and diplomate-specific staff representatives (e.g. concierge services)
- Format, frequency, scoring and cost of continuing certification examinations
- Collaborations with the Accreditation Council for Continuing Medical Education (ACCME) regarding identifying appropriate CME activities and streamlining CME reporting
- Innovations such as individual board approaches to longitudinal assessment programs including article-based assessments and quarterly knowledge assessments using mobile and computer-based platforms
- Assessments using remote proctoring
- Case and surgical log reviews
- Innovations and program components involving patient-reported outcomes and registries,
- Methods of soliciting diplomate feedback and engaging diplomates in program adjustments

- Challenges regarding balancing innovation and flexibility when moving beyond assessing broad medical knowledge within a specialty toward assessments that are relevant and customized to diplomates' practices
- Different approaches regarding decisions on the continuing certification of diplomates and remediation for sub-standard performance on assessments or program components

SPECIALTY SOCIETIES

In March, the Council of Medical Specialty Societies executive leadership and leadership from five other specialty societies (American Academy of Family Physicians, American Academy of Pediatrics, American College of Rheumatology, American College of Surgeons, and American Geriatrics Society) provided their perspectives on continuing certification, value of the credential, best practices, and their role in the system. Societies highlighted their educational programs, lifelong learning and self-assessment activities, registries and collaborations with their respective Boards. Some also discussed frustrations with their respective Boards about lack of responsiveness, perceived rigidity, and challenges with diplomate frustrations.

In May, representatives from the Boards and their respective specialty societies presented as dyads or triads on behalf of the specialty (American Board of Obstetrics and Gynecology/American College of Obstetrics and Gynecology, American Board of Physical Medicine and Rehabilitation/American Academy of Physical Medicine and Rehabilitation, and American Board of Psychiatry and Neurology/American Psychiatric Association/American Academy of Neurology) addressing the historical and evolving nature of their distinctive relationships and how these relationships have been influenced by the implementation and acceptance of continuing certification programs.

Summary of Specialty Society Testimony:

The following perspectives emerged from this testimony and related discussion at both meetings:

- Specialty societies value and are committed to the goals of lifelong learning and relevant continuing certification. They seek to be a valued partner in the system.
- While some specialty societies and their respective specialty boards have experienced frustrations from time to time, ongoing, collaborative engagement between specialty societies and the Boards benefits diplomates, the state of specialty practice, and patients.
- The collaborative approach creates tension within some specialties because innovations and practice relevant activities can blur the traditional separation between education and assessment and can complicate membership advocacy and business plan development.
- Within some specialties, this tension is managed through effective Board and societies communication and regularly-developed collaborative agendas and projects.

PERSPECTIVES OF THE PUBLIC

The perspectives of the public voice in medicine were an important discussion for the Commission. Speakers serving in current and former leadership roles of the AARP, The Leapfrog Group, Consumer Reports and other organizations bringing the public voice to the profession of medicine provided testimony. The testimony underscored the importance the public places on easy access to accurate physician-level information. However, access to this information is not sufficient, because the public seeks guidance from a trusted source concerning physicians' knowledge, experience

and skills to feel confident about one's choice of a physician. The testimony also emphasized the widely-held public perspective that the medical profession is obligated to provide and be accountable for the information that it provides to the public. From this perspective, public reporting must go beyond providing accurate information to those choosing a physician, it must remain part of a comprehensive approach to quality and quality improvement.

Commission members asked about the public's awareness of ABMS Board Certification. The presenters all acknowledged that there are varying levels of public awareness about certification with many individuals being only slightly aware. They noted that even when awareness appeared high, an adequate understanding of certification requirements and processes (as well as the education requirements and processes) for physicians was lacking. Some of this lack of awareness and understanding is due to the predominance of low health literacy skills among consumers. In addition, there is variance in how board certification language and data are used and displayed, causing unnecessary confusion for not only the public, but also for patient advocates with health care backgrounds and experience.

The confusing nature of individual physician-level data and performance information is becoming more crucial since consumers are increasingly tasked with accounting for the value of the health care they seek as well as the responsibility for paying a larger upfront out-of-pocket expense for their care due to changes in employer-provided health care coverage. For employers purchasing and employees paying for care, Board certification is widely valued as a marker of professional competence in a specialty. These presenters warned about potential dilution of certification's value if Board standards were to become "watered down" and unable to demonstrate that physicians were keeping up-to-date.

These advocates also raised issues ranging from the difficulty of accessing appropriate care to the affordability of care to the use of adequate performance measures and hospital ratings. Although the speakers and Commission members agreed that continuing certification programs cannot address all the issues facing health care today, there are issues about physician-level data and performance information that require greater clarity. The public representatives stressed the value of continuing certification and encouraged the system to maintain high standards and promote quality care.

Summary of the Public Perspective Testimony:

This testimony further highlighted the complexity of continuing certification within an ever-evolving and fragmented healthcare delivery system and how the public depends on physician-level data when seeking care.

- The public places value on easy access to accurate physician-level information.
- The public believes that board certification is a mark of quality and continuing certification is important to quality care
- The public wants to feel confident about one's choice of a physician.
- The public believes that the medical profession is obligated to provide information it can trust.

OTHER PROFESSIONAL ORGANIZATIONS

At its first meeting, the Commission became more familiar with the roles of the Association of American Medical Colleges (AAMC) and the National Board of Medical Examiners (NBME) and heard their organizational perspectives

on continuing certification. The AAMC leadership and its members (medical schools and teaching hospitals) envision achieving an affordable, safe and equitable health care system that must focus on the entire continuum of medical education and promotion of an education system that produces a diverse workforce that meets the nation's health care and research needs. Regarding continuing certification, AAMC emphasizes that all physicians must develop and maintain a career-long process to remain current in medical knowledge while continuing to hone clinical and technical skills and adapt to changing norms in practice. They advocated for a continuing certification approach that would be optimally designed, efficient, and able to effectively assess and demonstrate competence to patients and professional colleagues over a physician's entire career.

Likewise, NBME leadership provided Commission members with an overview of its role in assessment in medicine emphasizing its expertise in psychometrics, test development and test administration as well as its program governance and policy approaches. While the NBME recognizes that highly reliable multiple-choice examinations are necessary, they also recognize that these examinations are not sufficient for evaluating health care professionals who are caring for the public. NBME believes continuing certification processes need to look beyond high-stakes point-in-time assessment to workplace-based assessment and continuous learning models that are relevant to practice. Workplace-based assessment and continuous learning models, however, pose challenges regarding the need for quality assurance and identification of the physician being assessed.

At its second meeting, the Commission had the opportunity to hear from executive leadership of the American Osteopathic Association (AOA) regarding its experience with continuing certification. While Osteopathic Continuous Certification (OCC) is also being refined, it has experienced less push back since implementation. Osteopathic medicine has fewer specialties, and the average age of osteopathic physicians is younger than allopathic physicians. In general, younger physicians are more comfortable with an ongoing assessment process regardless of program.

Summary of AAMC, NBME, and AOA Testimony:

AAMC, NBME, and AOA testimony and related discussion from both meetings highlighted the importance of the following concepts:

- Adapting to changing norms in practice in addition to remaining current in medical knowledge and skills over a diplomate's professional career.
- Exploring workplace-based assessment and continuous learning models for increased relevance to practice while identifying the challenges these approaches present to the foundational principles of physician assessment.
- Recognizing the complexity of a continuing certification approach that incorporates numerous specialties and subspecialties and multiple generations of practicing physicians.

STATE MEDICAL SOCIETIES

Over the two meetings, leadership from the state medical associations of California, Florida, Georgia, New York, Ohio, Pennsylvania, Virginia, and Wyoming provided testimony. Testimony focused on these issues -- the importance of self-regulation in medicine and the concerns of some members regarding the burden, the lack of perceived value of participating in continuing certification programs, and the consequences of not participating in or not meeting the requirements of the Boards' continuing certification programs. State medical society leadership identified that

the Member Boards have different continuing certification programs, and as a result, not all of their members are questioning the value of participating in some Boards' programs. They noted that many of the Boards are listening to their diplomates and are positively responding to the feedback they have received on cost, burden and relevance.

However, presenters noted some Boards are not perceived to be listening and are not addressing diplomates' concerns with the current processes and requirements. They recognized the different philosophical approaches to continuing certification by the Member Boards, and these differences impact how their members believe they are treated by their respective Boards. Instead of supporting relevant continued professional development in the specialty to enable diplomates to best serve patients, some of the Boards' processes are perceived to be adding to existing professional pressures due to the time and cost involved in preparing for and passing high-stakes exams and fulfilling other poorly valued components of the programs.

The primary concern shared with the Commission, however, regarded the consequences of losing one's certification when not meeting the requirements or when not participating in the Boards' programs. The representatives noted that some diplomates have experienced a negative impact on their employment, their hospital privileges or ability to be included on insurance panels which impacts their ability to be reimbursed. Some state societies have sought legislative relief to support their members against the use of certification as a criterion for these adverse actions. These legislative efforts have underscored the lack of communication and positive relationships among state medical associations, Member Boards, and the ABMS and the need to repair the perceived breach of fundamental trust among physicians, the state medical associations, and the Boards. Discussion of these consequences and resulting legislative actions also touched upon the differences between certification, credentialing and licensure and the intersection of the three processes concerning disciplinary actions.

The state medical associations supported the role of CME in diplomates' ongoing education and some expressed interest in the ongoing learning and assessment processes that incorporate specialty-specific questions in real time. They noted that to achieve broader acceptance of continuing certification programs would entail ensuring that the programs support diplomates in their efforts to stay on top of their field without undue distress.

Summary of State Medical Society Testimony:

Testimony and related discussion at both meetings from State Medical Society representatives called out the following:

- State Medical Societies acknowledged value in continuing certification programs, especially CME/CPD requirements and the potential of lower stakes, periodic, less burdensome assessments.
- State medical societies receive many complaints regarding MOC from those diplomates in the primary care boards.
- Not all members question the value of participating in their respective continuing certification programs.
- Many of their members have found their respective Boards to be listening and responding to diplomate concerns regarding cost and burden, and their members are reacting positively to innovations regarding CME and longitudinal assessment.
- Differences between Boards in perceived value, responsiveness, and willingness to innovate heighten the negative response of other members.

- The primary concern amongst their members is the consequential decision about whether a diplomate is certified or not based on participation and performance in continuing certification programs. If a diplomate is no longer certified, this decision can negatively impact diplomate employment, credentialing, and reimbursement. There was an expressed need to address this issue.

PRACTICING PHYSICIANS

Between the two Commission meetings, informal presentations were provided by eleven physicians from a range of specialties, including Allergy & Immunology, Internal Medicine/Cardiology, Emergency Medicine, Medical Genetics & Genomics, Neurology, Radiology, Internal Medicine/Rheumatology, and Surgery, and serving in diverse roles and practice settings. Some of the physician speakers held volunteer and/or leadership roles with a Board or society. For more information on the speakers, please see the Appendix.

The physicians expressed both supportive and critical perspectives about the value and relevance of the continuing certification process to physicians and their patients, cost and time involved, importance of educational content and feedback on performance, consequences regarding performance and participation, and opportunities for engagement with the Boards to build awareness, understanding, and trust. Whereas some of the physicians cited the role participating in continuing certification has played in helping them stay current in their fields, others cited that their requirements lacked the significant depth and/or cross-discipline content needed to be relevant to how medicine is practiced today.

Some of the testimony focused on the perceived lack of flexibility with the Boards' programs when other practice concerns and/or personal concerns arise that affect the prescribed certification deadlines. For some physicians, these circumstances lead to frustration and further burnout.

Some physicians cited value in continuing medical education programs but little to no value in improvement in medical practice activities and high-stakes assessments. They did express interest in longitudinal assessment-type programs that provide immediate feedback on performance and identify knowledge gaps. Some also provided ideas about how to model the program in the future.

To seek a better understanding of the issues raised by these physicians, Commission members asked several clarifying questions and/or requested additional detail. Questions also focused on how continuing certification could be structured in the future to be of benefit to them and their colleagues within their specific practice settings and at this stage of their careers.

Summary of Physician Testimony:

Physician testimony and related discussion at both meetings noted the following:

- Physicians recognized the value of lifelong learning and continuous professional development. Some believed current continuing certification programs provide value while others did not. Some support a system of lifetime certification with CME requirements as sufficient.
- While some physician speakers expressed strong frustration with the current programs of their respective Boards,

other physician speakers were supportive of continuing certification programs and the changes their Boards were making.

- Some physicians valued their Boards' continuing certification programs while others did not.
- CME/CPD was generally well received as a component of continuing certification but there was recognition that the quality of CME/CPD activities was highly variable.
- There is wide variation in program requirements among the Boards but also perceived variations within subspecialty areas of practice within a Board.
- Periodic, more formative assessments with immediate feedback was of interest to most of the physicians instead of high-stakes, summative assessments.
- The variances regarding cost and time involved, educational content and feedback, and negative consequences have led to a perceived loss of a long-established sense of trust between physicians and their Boards. The absence of flexibility in response to individual situations is further evidence of this loss of trust.
- While physicians differed on their perspectives regarding CME and other educational resources, all saw the potential for improving these resources.
- Physicians recognized that they knew of colleague physicians who were not performing well but were at a loss in how to address it.

PORTFOLIO PROGRAM SPONSORS, HOSPITALS AND HEALTH SYSTEMS AND CREDENTIALING STAFF:

In several sessions, the Commission also received perspectives from hospital and health systems and other health care organizations on the value of continuing certification programs and the board certification credential. During testimony, the Commission heard from important stakeholders housed within health care organizations – administration, quality improvement (QI), and medical staff credentialing. Representatives were from Colorado Permanente Medical Group, HealthPartners, Interstate Postgraduate Medical Association, Johns Hopkins, Mercy Quality and Safety Center, Seattle Children's Hospital, St. Joseph Hospital, The Greeley Company, Inc., University of Colorado Hospital, and the University of North Carolina Health Care System.

ABMS Portfolio Program Sponsors representing four different types of health care organizations (a large academic medical center, a regional children's hospital, a community hospital, and a multi-state medical education collaborative) opened their session discussing the value of having quality improvement as part of continuing certification programs. Portfolio sponsors accept QI projects on behalf of physicians working within a given setting, and the implemented QI projects fulfill Improvement in Medical Practice (IMP) requirements for 20 of the 24 Member Boards. Each of the presenters emphasized how the Portfolio projects reflect their organization's priority of supporting physicians in practice to provide quality, safe, and high-value care to patients. The structure of the projects recognizes the varying awareness and knowledge levels of all learners involved in the project. Portfolio projects address the need for continuing certification approaches to be practice relevant and provide evidence of improvement in care. The Commission learned about the range of projects and number of participants in different regions across the country. Portfolio sponsor representatives noted that the program could be improved by encouraging QI coaches, incorporating resident/trainee involvement, increasing the participation of referring physicians, leveraging more local- and regional-level data, and by decreasing current documentation requirements.

Representatives from health care systems reiterated the role continuing certification programs could play in addressing health care organizations' strategic and operational goals. They also acknowledged that the language and processes are varied and complex and would welcome more alignment among specialties. Like the representatives from the Portfolio program, they emphasized the importance of a continuing certification process that not only focused on medical knowledge but also emphasized learning, assessment, and improvement in communications skills, discipline-specific and interprofessional team skills, patient care and procedural skills (especially for physicians with lower volumes), patient safety, and ability to function within locally-based systems. In response to this testimony, Commission members asked about how these other skills or competencies could be assessed best by the Boards. The representatives acknowledged that while the Boards currently create their specific knowledge-based assessments and related resources, they suggested that some health care systems may be willing to work with the Boards in creating appropriate tools and/or valid local tools.

The Commission then heard from four experienced credentialers, who are active in the National Association of Medical Staff Services (NAMSS). They spoke highly of the historical acceptance of ABMS Board certification as the standard for credentialing. They also reiterated concerns regarding the need for greater clarity in continuing certification language and display of certification status and provided their perspective on current legislative actions. In addition, these credentialing experts suggested several ways in which continuing certification programs could build upon existing data at the local level and/or supplement local data needs that could result in some national benchmarks for care.

Summary of Portfolio Sponsors, Hospitals/Health Systems, and Credentialing Staff Testimony:

The testimony from the Portfolio Sponsors, hospitals/health systems and credentialing staff addressed shared concerns about burden and inconsistency and emphasized opportunities for improvement through local collaboration:

- Presenters articulated the need for a system of continuing certification, but differences in Member Boards' program requirements created challenges for them.
- Portfolio projects reflect and impact organizational priorities in quality, safety, and high-value care, but portfolio sponsors saw opportunities for further impact by incorporating additional locally-based individuals such as coaches, residents, and referring physicians, and by leveraging more local- and regional-level data.
- Hospital and health system representatives want to see continuing certification programs emphasize learning, assessment, and improvement in communications, discipline-specific and interprofessional team skills, evaluation of providers with lower numbers of patients/cases, and systems-based thinking.
- Some hospitals and health systems have local data and activities that could be recognized as part of the continuing certification programs.
- The credentialers encouraged building upon and/or supplementing institutional accreditation practices to nationally benchmark areas of care.

CONTINUING MEDICAL EDUCATION (CME) PROVIDERS

During its March meeting, members of the Commission heard from several accredited CME providers affiliated with medical specialty societies and hospitals. The discussion focused primarily on the differing perspectives of whether

participating solely in CME activities is sufficient to keep physicians up-to-date and to help them improve practice. This issue was raised by many of the stakeholders that presented to the Commission.

The CME session also focused on the application of adult learning principles in all types of CME activities to build upon the natural curiosity of physicians and to create further self-awareness within physicians regarding their gaps in knowledge and skills to improve practice and prevent error. Data presented underscored the difficulties and inaccuracies of physician self-assessments. Physicians whose actual performance is objectively low are at the highest risk of overestimating their performance. However, informing self-awareness with objective data can help physicians improve performance. A clear distinction was made between the concept of "physician self-directed learning" from "directed self-learning for physicians" based upon identifying medical knowledge and performance gaps. The CME presenters also underscored the need for ongoing professional education that is relevant to the scope of the physician's practice.

Summary of Continuing Medical Education (CME) Providers Testimony:

The role of CME and adult learning principles was interspersed across testimony heard from the various stakeholder groups. During the course of their testimony, CME providers indicated the following:

- They welcome working with the Boards to reduce duplication, cover core content and competencies, provide guidance to appropriate and available activities, create reporting structures, and enhance data collection and sharing at the local, regional, and national level.
- They desire a more meaningful integration of these adult learning principles and emerging technologies, including the use of valid evidence-based metrics and tools as springboards for education and learning.
- They support the use of engaging assessments that have increased relevance for the diplomate's practice to move beyond the passive activities.

INTERNATIONAL MODELS

At its meeting in May, the Commission had the opportunity to hear about how physicians are expected to stay current in other nations. An overview of international models of physician certification was provided by leadership at the Foundation for the Advancement of International Medical Education and Research (FAIMER) and the Royal College of Physicians and Surgeons of Canada. Speakers offered a synopsis of the processes currently in place (or soon to be launched) in the United Kingdom, European Union, Canada, and Australia. To provide context, the presenters along with members of the Commission stressed the differences in residency training approaches and historical (and currently evolving) approaches to the delivery of care within each country.

The Commission learned why each of these continuing certification or revalidation approaches were originally adopted, how each approach is evolving, and how each approach is being accepted by practicing physicians. Each of these models involve education, learning, skills development and evaluation, but differences lie in areas of emphasis regarding elements of oversight, self-directed learning and assessment, workplace-based activities and resources, and sources and accessibility of data on physician competencies. While the Commission will reflect on these models as it continues its work, of interest to the Commission was the reason the UK adopted its current approach to revalidation.

By failing to adequately self-regulate as evidenced in a series of medical scandals resulting in the death of patients, the UK's medical profession lost its ability to self-regulate.

Summary of International Models:

The presentation of international models further emphasized the significance of context and scale in continuing certification approaches:

- In the UK where medical training is much longer and the health system is more national in scale, physicians lost their ability to self-regulate from a perceived lack of willingness to do so effectively.
- International models have strong CPD components.
- International continuing certification programs are often linked to licensure and blend certification and licensure processes that are distinctly divided by State Medical Boards and certifying ABMS Member Boards in the United States.
- International models place an emphasis on periodic reviews of a physician's practice including reviewing performance and measuring outcomes.
- Some models are based on assessing practice, developing and implementing learning plans, and then evaluating performance.

CONCLUSION

The Commission thanks the presenters who came and provided valuable testimony about their perspectives of continuing certification. The information will inform the next steps of the process. What is clear is that the majority of the presenters recognize the value and necessity of lifelong learning. While they appreciate the innovation and engagement of the Boards as changes are made to continuing certification programs, they look forward to seeing how the programs continue to evolve. All are interested in being part of the future of continuing certification.

APPENDIX
LIST OF SPEAKERS

ABMS MEMBER BOARDS

Richard Baron, MD
President and Chief Executive Officer
American Board of Internal Medicine

Richard Battaglia, MD
Chief Medical Officer
American Board of Internal Medicine

Miriam G. Blitzer, PhD, FACMG
Chief Executive Officer
American Board of Medical Genetics and Genomics

Daniel Cole, MD
Executive Director, Professional Affairs
American Board of Anesthesiology

Larry Faulkner, MD
President and Chief Executive Officer
American Board of Psychiatry and Neurology

Michael Jones, MD
Chair, Maintenance of Certification Committee
American Board of Pathology

Gerald Jordan, MD
Executive Secretary
American Board of Urology

Carolyn Kinney, MD
Executive Director
American Board of Physical Medicine and Rehabilitation

Marshall L. Land, Jr., MD
Advisor for Diplomate Outreach and
Strategic Planning
American Board of Pediatrics

Lela Lee, MD
Associate Executive Director
American Board of Dermatology

Mark Malangoni, MD
Associate Executive Director
American Board of Surgery

David Martin, MD
Executive Director
American Board of Orthopaedic Surgery

Brian Nussenbaum, MD
Executive Director
American Board of Otolaryngology

James Puffer, MD
President and Chief Executive Officer
American Board of Family Medicine

George Wendel, MD
Executive Director
American Board of Obstetrics & Gynecology

ASSESSMENT EXPERTS AND PSYCHOMETRICIANS

Andrew Dwyer, PhD
Director of Psychometrics
American Board of Pediatrics

Ann Harman, PhD
Chief Assessment Officer
American Board of Anesthesiology

Rebecca Lipner, PhD
Senior Vice President
Assessment and Research
American Board of Internal Medicine

Michael Peabody, PhD
Senior Psychometrician
American Board of Family Medicine

SPECIALTY SOCIETIES

Patrick Bailey, MD, FACS
Medical Director
Division of Advocacy and Health Policy
American College of Surgeons

Helen Burstin, MD, MPH, FACP
Executive Vice President & Chief Executive Officer
Council of Medical Specialty Societies

Elizabeth Cobbs, MD
Professor of Medicine
Fellowship Director Geriatrics
The George Washington University
School of Medicine and Health Sciences
American Geriatrics Society

David I. Daikh, MD, PhD
President
American College of Rheumatology

Tristan Gorrindo, MD
Director of Education and Deputy Medical Director
American Psychiatric Association

Colleen Kraft, MD
President
American Academy of Pediatrics

Hal Lawrence, MD
Executive Vice President & Chief Executive Officer
American College of Obstetrics & Gynecology

Michael Munger, MD, FAAFP
President
American Academy of Family Physicians

Catherine Rydell, CAE
Executive Director and Chief Executive Officer
American Academy of Neurology

Thomas Stautzenbach, MA, MBA, CAE
Executive Director and Chief Executive Officer
American Academy of Physical Medicine and Rehabilitation

PERSPECTIVES OF THE PUBLIC

Leah Binder
President and Chief Executive Officer
The Leapfrog Group

Joyce Dubow
Senior Principal for Health Policy and Strategy (Retired)
AARP

Tara Montgomery
Civic Health Partners

Edward J. Susank
Public Representative
Advisory Board, Interprofessional Continuing Education
National Center for Interprofessional Practice and Education
Public Member, Board of Directors
National Board of Certification & Recertification for Nurse Anesthetists

OTHER PROFESSIONAL ORGANIZATIONS

Brian E. Clauser, EdD
Vice President
Center for Advanced Assessment
National Board of Medical Examiners

John Prescott, MD
Chief Academic Officer
Association of American Medical Colleges

Alison Whelan, MD
Chief Medical Education Officer
Association of American Medical Colleges

Adrienne White-Faines, MPA
Chief Executive Officer
American Osteopathic Association

STATE MEDICAL SOCIETIES

Robyn F. Chatman, MD, MPH, FAAFP
President
Ohio State Medical Association

Charles Cutler, MD, MACP
Past President
Pennsylvania Medical Society

Kurt Elward, MD
President
Medical Society of Virginia

Corey Howard, MD
President-Elect
Florida Medical Association

Paul Johnson, MD
Past President
Wyoming Medical Society

Thomas J. Madejski, MD
President-Elect
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Ted Mazer, MD
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California Medical Association

Donald Palmisano, Jr., JD
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PRACTICING PHYSICIANS

Janet Eng, DO
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Health Center for Lungs and Breathing

Kim Feldhaus, MD
Emergency Medicine Physician
Boulder Emergency Physicians

Elizabeth Franco, MD, MPH
Attending Surgeon
Trauma/Acute Care Surgery

Mark Lopatin, MD, FACP, FACR, FCPP
Rheumatologist
Rheumatic Disease Associates

Paul Mathew, MD, DNBPAS, FAAN, FAHS
Neurologist
Advisory Board Member
National Board of Physicians and Surgeons

Maximilian Muenke, MD, FACMG
Chief & Senior Investigator
Medical Genetics Branch
National Human Genome Research Institute

John Pickrell, MD
Cardiologist
Wyoming Cardiopulmonary Services, PC

Jack A. Sava, MD
Director
Burns/Trauma
MedStar Washington Hospital Center

Brent Wagner, MD
Diagnostic Radiologist
West Reading Radiology Associates

PORTFOLIO PROGRAM SPONSORS, HOSPITALS AND HEALTH SYSTEMS AND CREDENTIALING STAFF

Mary Ales
Executive Director
Interstate Postgraduate Medical Association

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Carol S. Cairns, CPMSM, CPCS
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Ethan Cumbler, MD, FACP, FHM
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Todd Dorman, MD
Senior Associate Dean
Education Coordination
Associate Dean, Continuing Medical Education
Professor & Vice Chair, Critical Care
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Diane M. Meldi, MBA, CPCS, CPMSM
Executive Director
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Christine "Cris" Mobley, CPMSM, CPCS
Owner and Co-Founder
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C Mobley & Associates, LLC

Sharisse Arnold Rehring, MD, FAAP
Director of Medical Education
Director of Pediatric Medical Education
Colorado Permanente Medical Group
Clinical Professor Pediatrics
University of Colorado School of Medicine

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