



AMERICAN COLLEGE
OF RHEUMATOLOGY
EDUCATION • TREATMENT • RESEARCH

Rheumatology Board Certification

Informational Brief

JUNE 2018

Background:

In an effort to address member concerns about MOC, ACR contacted the American Board of Allergy and Immunology (ABAI) based on our shared interest in immunologically mediated diseases and interest in learning more about ABAI's new continuous assessment program, which primarily tests knowledge of recent medical literature.

ACR and ABAI have discussed the possibility of moving rheumatology to ABAI and forming a new combined board of Allergy, Immunology and Rheumatology. As initial certification and MOC cannot be offered by separate boards, the conversation has expanded beyond MOC to include initial rheumatology certification.

As the ACR does not have oversight for rheumatology certification—the ACR is not the decision maker. ACR leadership is serving as an intermediary—gathering input and collecting feedback from key stakeholders to better inform the discussion. The ultimate decision to move the discipline from ABIM to ABAI requires American Board of Medical Specialties (ABMS) approval.

Rheumatologist Call to Action:

Before you respond to the survey, please review this information carefully—take time to understand the differences between the MOC programs and reflect on how moving initial certification to a new board may impact the field of rheumatology and the patients we serve.

Thank you in advance for preparing to be informed voters.

ABIM and ABAI: The Comparison

BEFORE you respond to the survey, please review this information carefully.

Initial Subspecialty Certification	ABIM	ABAI
	<p>To become certified in the subspecialty of rheumatology, physicians must:</p> <ul style="list-style-type: none"> ■ Be previously certified in internal medicine by ABIM; ■ Satisfactorily complete the requisite graduate medical education fellowship training; ■ Demonstrate clinical competence, procedural skills, and moral and ethical behavior in the clinical setting; ■ Hold a valid medical license; ■ Pass the Rheumatology Certification Examination. 	<p>To become certified in the subspecialty of allergy and immunology, physicians must:</p> <ul style="list-style-type: none"> ■ Be previously certified in internal medicine by ABIM and/or ABP; ■ Satisfactorily complete the requisite graduate medical education fellowship training; ■ Demonstrate clinical competence, procedural skills, and moral and ethical behavior in the clinical setting; ■ Hold a valid medical license; ■ Pass the Allergy & Immunology Certification Examination. <p><i>Note: if adult rheumatology moves to ABAI, certification would still be in the subspecialty of rheumatology (not allergy/immunology).</i></p>

Maintenance of Certification (MOC)	ABIM and ABAI diplomates must complete all four parts of the MOC process in order to successfully maintain their certification. The charts below summarize the features of each program.	
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PART 1: Licensure	ABIM	ABAI
	Hold a valid, unrestricted medical license in US, its territories or Canada	

PART 2: Lifelong Learning	ABIM	ABAI
	Earn 100 MOC points every 5 years	Attest to completing 25 CME hours each year
	Every 2 years complete at least 1 MOC activity	Every 10 years complete 1 patient safety module and 1 communication module

PART 3: Assessment	ABIM 10-Year Exam	ABIM 2-Year Knowledge Check-in (KCI)	ABAI Continuous Assessment Pilot (CAP) Program
Frequency	Every 10 years	Every 2 years Starting in 2019 rheumatologists will have the option of the 10-year exam or the KCI	Every 6 months
Cycle	Pass the 10-year exam within 10 years of when you last passed OR take a KCI every 2 years and remain on a successful path		CAP consists of two 5-year cycles, for a total of 10 years. Each year has two 6-month blocks

PART 3: Assessment <i>continued</i>	ABIM 10-Year Exam <i>continued</i>	ABIM 2-Year Knowledge Check-in (KCI) <i>continued</i>	ABAI Continuous Assessment Pilot (CAP) Program <i>continued</i>
Testing Location	Test Center	Personal computer or test center (desktop only)	Personal compute (desktop or mobile)
Security	Recorded with in-person proctoring	Recorded via webcam and spot-checked (no live proctoring)	Secure login and attestation (no webcam or proctoring)
Structure/Format	240 multiple-choice questions including brief statement, case history, graph or picture	90 case-based multiple-choice questions including brief statement, case history, graph or picture	Physician selects 10 articles from the 12-15 posted for each 6-month cycle and answers 30 article-based questions (3 per article) + 10 core questions
Testing Windows	Physician has the option of 4 dates per year	Physician has the option of 4 dates per year. KCIs will be offered every other year. e.g., Rheumatology KCI will be offered in 2019 and 2021	Physician has 6 months to review articles and answer questions at the time of their choosing
Time	Average 2 minutes per question; 10 hours total (8 hours of testing); complete in a single setting	Average 2 min per question; approximately 3 hours total (with breaks); complete in a single sitting	10 minutes per question. Testing time is based on individual text questions. Questions may be answered in batches or individually
Open Book	Access to certain up-to-date resources provided		Access to any online or printed resource is permitted. Group study of articles encouraged
Breadth of Discipline	Full breadth: The 10-year exam and the 2-year KCI will use the ABIM MOC exam blueprint that contains questions that cover the breadth of the discipline		MD selects 10 articles from the 12-15 posted for each 6-month cycle
How are Questions Pre-tested?	Questions are tested live during the exam, meaning each exam includes questions that do not count towards the physician's score		Questions are tested by the ABAI question writing committee prior to inclusion in the assessment. Questions are not tested live
Results/Feedback	Results and feedback reported within 3 months after the exam date; not question specific	Immediate pass/fail notification at the completion of the assessment; feedback report will follow; not question specific	Immediate pass/fail notification after each answer submitted; question-specific feedback provided immediately with educational links and/or answer rationale
Remediation	Retake exam in the next testing window	Retake assessment in 2 years; if unsuccessful on two consecutive attempts, physician must pass the 10-year exam	Physician will be permitted to drop the 2 lowest 6-month cycle scores during each 5-year period
Passing Score	The passing standard for an exam is based on a specified level of mastery of content in the specialty area; no pre-determined percentage of examinees will pass or fail the exam		Required to meet a minimal pass rate, e.g. 75-80% (after lowest two cycles dropped); pass rate set in advance

PART 4: Practice Assessment/ Quality Improvement	ABIM	ABAI
	Recognizes MOC points for Part 4, but requirement currently suspended; future unknown	Activity must be completed once every five years (range of options commonly done in practice)
Other Considerations	ABIM	ABAI
Fees: Initial Sub-specialty Certification	<u>\$2,255</u>	Current A&I Fee: \$2,350
Fees: Annual MOC	<u>\$275</u> Based on payment received in year due	Similar to ABIM <i>The ABAI fee for rheumatology would not be known until final calculations are prepared. The goal would be to keep the costs comparable to ABIM fees. The ABAI fee for A&I MOC is \$400.</i>
Initial Certification	<ul style="list-style-type: none"> ■ ABIM has a well-established pathway for initial certification ■ Test questions are written by rheumatologists ■ Certification is in the subspecialty of rheumatology 	<ul style="list-style-type: none"> ■ Within ABAI, a new pathway for initial rheumatology certification would need to be established ■ Test questions would still be written by rheumatologists ■ Certification would still be in the subspecialty of rheumatology (not allergy/immunology)
Organizational Size and Scope	<ul style="list-style-type: none"> ■ Rheumatology diplomates represent 3% of ABIM's diplomates ■ ABIM currently oversees internal medicine + 20 subspecialties ■ Size of ABIM represents a significant voice in ABMS 	<ul style="list-style-type: none"> ■ Were rheumatology to join, diplomates would represent 50% ■ Size of ABAI provides ability for rapid response to diplomate concern and changes within the practice of medicine ■ Were rheumatology to join, diplomates would represent 50% ■ Opens avenues for scientific collaborations
Academic Position	<ul style="list-style-type: none"> ■ Maintains rheumatology within the core of internal medicine 	<ul style="list-style-type: none"> ■ There are already a number of academic divisions/departments that include allergy, immunology and rheumatology ■ Opportunity to establish greater positioning for rheumatology as the experts in the care of immunologic disease and musculoskeletal medicine ■ Opens avenues for scientific collaborations

UNKNOWN TO CONSIDER	
Internal Medicine Certification and MOC	The ABIM provides internal medicine initial certification and MOC. For rheumatologists who choose to maintain their internal medicine certification, the methods for this process would be determined in the event of moving rheumatology certification to ABAI. Currently, ABIM works closely with other certifying ABMS Boards to streamline the MOC process for Board Certified physicians and offers reciprocal credit. It may be possible for your internal medicine ABIM MOC point requirement to be waived if you are currently certified by and meeting the MOC requirements of another board.
Impact on the Workforce	Would changes in MOC brought about by a move from ABIM to ABAI encourage rheumatologists considering retirement to remain in practice?
Training	Could changes in the certifying board between ABIM or ABAI positively or negatively impact rheumatology training?
Future Changes	We anticipate both programs will continue to evolve; however, we do not know the details of the evolution or what actual timelines for change would be.

View the [complete details](#) online before taking the survey.