

April 1, 2016

Richard J. Baron, MD
President and Chief Executive Officer
American Board of Internal Medicine
510 Walnut Street
Suite 1700
Philadelphia, PA 19106

Dear Dr. Baron:

Our societies have all participated in the effort to re-engineer the American Board of Internal Medicine's (ABIM's) Maintenance of Certification (MOC) program. For more than two years, we have participated in internal medicine summits, provided comment letters and other correspondence, updated our members on each change or development, and met with ABIM leaders and staff.

We acknowledge the changes that ABIM has made to MOC, which include suspending practice assessment (Part IV), expanding options to earn MOC points through continuing medical education (CME), and recently announcing a pilot test of open-book assessments. For the past year, ABIM has actively solicited feedback from and encouraged the internal medicine community to engage in co-creating an MOC program for the future.

Despite these interactions—and even though our societies dedicate considerable resources to helping our members complete the MOC process—we are struggling to understand ABIM's plan for re-engineering MOC to reflect the changing nature of medical practice. However well intentioned, the overall vision, philosophy or strategy of ABIM's changes to MOC are not clearly stated. Further, the lack of a shared vision makes it more difficult and costly for societies to adjust to changes made by ABIM that are implemented with little input from or notice to the societies.

For example, the ABIM Assessment 2020 Task Force made several thoughtful recommendations. It was our understanding that ABIM was considering the key recommendations of changing the MOC exam: focusing assessments on cognitive and technical skills, and recognizing specialization. However, ABIM has not yet decided the manner in which they will be implemented.

Based on your announcement on March 23, 2016, it is our understanding that ABIM is now pilot testing the possibility of open-book assessments for the internal medicine MOC exam. This change—and the significant changes to the ABIM's own portfolio of Medical Knowledge and Practice Assessment activities—were implemented with no warning to diplomates or specialty societies. Concurrently, ABIM has begun reviewing its MOC examination blueprints, which has caused further confusion within the internal medicine community and among our members.

Finally, ABIM's communications with specialty societies have lacked transparency and consistency. Some societies have representatives who directly observe the business of the ABIM specialty boards, while other societies believe they are kept "at arm's length" from the process. In addition, some societies believe ABIM does not provide adequate time for societies to review or provide input on messages to diplomates or society members. This lack of adequate review has caused significant confusion. For example, when ABIM informed diplomates in the fall of 2015 that they were able to claim MOC retroactively for society activities, ABIM failed to give the societies an appropriate amount of time to prepare for the tsunami of member questions.

As a result, our societies are uncertain about ABIM's approach to re-engineering MOC. We would like to understand ABIM's plan for co-creating MOC. To better understand this plan and ABIM's vision for the role of specialty societies in this process, we have several specific questions:

1. What is the overall vision or philosophy ABIM is looking to embrace regarding MOC?
2. What additional changes to MOC is ABIM considering?
3. Will ABIM consult the internal medicine community prior to announcement—let alone implementation—of further changes? If so, when and how?
4. What is ABIM's timeline for implementing the co-created, re-engineered MOC? Could you share its current form and provide updates as adjustments occur? For example, part of the 2020 Task Force assessment was to reconsider the secure exam. For many diplomates, the 10-year exam is due soon. Should they wait to see if a different method of "exam"/assessment will be rolled out?
5. What does ABIM view as the respective roles of the ABIM Board of Directors, ABIM Council, ABIM specialty boards and ABIM staff in this process?

Our collective membership, leadership, and staff understand that there are many complex issues to address. To achieve success, however, ABIM must establish, embrace, and communicate a comprehensive plan.

We are ready to participate in this process in a meaningful way. If you have any questions, we can clarify this request with you in person during the Liaison Committee for Certification and Recertification meeting on Friday, April 8, 2016, or by conference call or email.

Given the seriousness of this issue and the current confusion within the internal medicine community, we would appreciate ABIM's response by the end of April.

Sincerely,



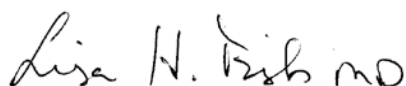
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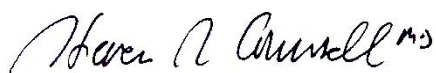
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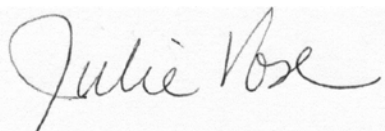
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