

Richard J. Baron, MD  
*President*  
*Chief Executive Officer*

## ABIM BOARD OF DIRECTORS

Marianne M. Green, MD  
*Chair*

Yul Ejnes, MD  
*Chair-Elect*

Debra L. Ness, MS  
*Secretary*

Sonia A. Madison, MS  
*Treasurer*

Vineet Arora, MD

M. Safwan Badr, MD

Roger W. Bush, MD

Alicia Fernandez, MD

Rajeev Jain, MD

C. Seth Landefeld, MD

Robert O. Roswell, MD

Robert D. Siegel, MD

May 21, 2021

Edward Balaban, DO, FACP, FASCO, FCPP  
Chair, Board of Trustees  
Pennsylvania Medical Society  
400 Winding Creek Blvd.  
Mechanicsburg, PA 17050-1885

Dear Dr. Balaban:

Thank you your recent letter and the positive comments about the changes in the American Board of Internal Medicine (ABIM) continuing certification program, including the scheduled 2022 launch of our Longitudinal Knowledge Assessment (LKA). We are proud of the multiple changes we have made – changes made in collaboration with the internal medicine community.

The focus of your letter, however, is on the timed nature of assessment questions in the LKA. You have outlined a number of related concerns and we are happy to address them.

The letter states that a timed question “violates principles of formative evaluation” espoused by the American Board of Medical Specialties (ABMS) and the independent Continuing Certification: Achieving the Vision Commission (“Vision Commission”). It is true that the Vision Commission recommends introduction of assessments that provide greater educational value to physicians – including actionable feedback on performance and opportunities to learn. However, there are a number of references in the Vision Commission document (See Appendix 2 of the report – Findings) that speak positively about longitudinal assessment programs already in place in many ABMS boards – assessment programs that utilize timed questions. For example, the American Board of Anesthesiology’s MOCA 2.0 has questions with a one-minute time limit. Similarly, the American Board of Pediatrics (ABP) and American Board of Family Practice (ABFM) have timed questions – offering five minutes per question. There are multiple other ABMS Member Board longitudinal assessments with timed questions. The Vision Commission, itself, is silent about timed questions – and the programs they speak positively of have time limits.

As part of the ABMS Member Boards community, we benefit from hearing about the experience of the other Member Boards’ diplomates. And what we hear is that longitudinal assessment (with timed questions) is overwhelmingly seen as being less stressful and of more value to physicians in their quest to demonstrate staying current. In the case of ABFM, the feedback came from over 6,000 physicians surveyed. ABP had close to 2,000 physicians respond in their survey. The positive feedback we have heard is consistent from board to board and we have no reason to believe the experience with ABIM’s LKA will be any different.

The formative nature of the ABIM LKA is substantial. After answering each question, a diplomate immediately knows what answer is correct. A rationale is also provided, explaining why the answer options are correct or incorrect – accompanied by an article citation, which supplies further information. Additionally, multiple dashboards provide feedback on performance relative to peers annually (at least), relative to sub-content domains annually (at least), and timely feedback to know “where they stand” relative to the passing standard. The diplomates have five-years of substantial feedback before a pass/fail decision is made. All of these features are consistent with recommendations made by the Vision Commission – and the recently released Draft ABMS Standards for Continuing Certification.

In your letter, there is reference to the need for extensive preparation. Though we understand that diplomates approach assessment preparation in different ways, the LKA’s questions are not designed to require extensive research or preparation to answer. They are meant to assess “walking around” knowledge and clinical reasoning. Additionally, as you know, we have engaged physicians in structured reviews of the continuing certification blueprint so that assessment questions focus on what is important and frequent in practice. When we perform these reviews, every certified physician in a discipline has an opportunity to provide feedback.

It is also important to note that the LKA scoring model is designed to reward learning. To that end, feedback early in the five-year assessment cycle facilitates focused study on topics in which a physician may have a knowledge gap – with learning rewarded because the weight of the earlier questions in scoring is not as impactful as questions later in the assessment cycle. We believe that the scoring model will reduce the pressure on diplomates to feel the need to study extensively. Rather, the usual activities a physician engages in to “keep up” combined with the learning they experience as part of the LKA should be sufficient.

I do want to address the statement about timed questions providing a sense of “high stakes” to the assessment. Given all that I have outlined above, we do not believe the timed nature of each individual question leads to a perception of high stakes. We designed the program to reduce anxiety and promote learning. At the same time, there are “stakes” associated with the credential and the need to demonstrate staying current through an assessment. The fact that the assessment is consequential – whether timed or not – is the reason physicians experience “stakes.” Our mission is to provide an opportunity for physicians to demonstrate objectively to themselves, to peers and to patients that they meet the standard as a specialist in their discipline.

I hope this note addresses your concerns while outlining the clear benefits of the LKA. As I said, the longitudinal assessment programs employed by the overwhelming majority of ABMS member boards – models with timed questions – have to date been universally well received by diplomates. We look forward to our launch in 2022.

We believe the ABIM LKA is consistent with the recommendations of the Vision Commission and the recently release ABMS Draft Standards for Continuing Certification. The public comment period for the standards runs through July 8, 2021. Submission of comments to ABMS can be accomplished by visiting the ABMS [Call for Comments webpage](#).

Pennsylvania Medical Society

May 21, 2021

Page 3

ABIM's Chief Medical Officer, Rick Battaglia, is happy to discuss this with you or with your board. If you believe that will prove helpful, please let us know.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard J. Baron". The signature is fluid and cursive, with a large loop at the end.

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

cc: Richard G. Battaglia, MD