



# American Board of Internal Medicine

Promoting Excellence in Health Care

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## Internal Medicine Policies

### Eligibility for Certification and Board Policies

July 2006

The information provided on ABIM's website and in ABIM's print publication, *Policies and Procedures for Certification, July 2006\**, governs the American Board of Internal Medicine's decision about eligibility for certification. The July 2006 edition supersedes all previous publications. The Board reserves the right to make changes in fees, examinations, policies and procedures at any time without advance notice. Admission to the Board's examinations will be determined by policies in force at the time of application. ABIM is a member of the American Board of Medical Specialties.

\* Located in Resources > [Publications](#)

### Requirements for Certification in Internal Medicine

To receive a certificate in internal medicine, a physician must complete the requisite predoctoral medical education, meet the postdoctoral training requirements, demonstrate clinical competence in the care of patients, meet the licensure requirements, and pass the Certification Examination in Internal Medicine.

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#### Predoctoral Medical Education

Candidates who graduated from medical schools in the United States or Canada must have attended a school that was accredited at the date of graduation by the Liaison Committee on Medical Education (LCME), the Committee for Accreditation of Canadian Medical Schools, or the American Osteopathic Association.

Graduates of international medical schools must have one of the following: (1) a standard certificate from the Educational Commission for Foreign Medical Graduates without expired examination dates; (2) comparable credentials from the Medical Council of Canada; or (3) documentation of training for those candidates who entered postdoctoral medical training in the United States via the Fifth Pathway, as proposed by the American Medical Association.

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#### Graduate Medical Education (GME)

To be admitted to the Certification Examination in Internal Medicine, physicians must have satisfactorily completed 36 calendar months of graduate medical education accredited by the Accreditation Council for Graduate Medical Education (ACGME), the Royal College of Physicians and Surgeons of Canada, or the Professional Corporation of Physicians of Quebec, including vacation time, by August 31 of the year of examination. Residency or research experience occurring before completion of the requirements for the MD or DO

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degree cannot be credited toward the requirements for certification.

The 36 months of residency training must include 12 months of accredited internal medicine training at each of three levels: R-1, R-2, and R-3. No credit is granted for training repeated at the same level or for administrative work as a chief medical resident.

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**Content of Training**

The 36 calendar months of full-time medical residency education:

- (1) Must include at least 30 months of training in general internal medicine, subspecialty internal medicine, critical care medicine, geriatric medicine, and emergency medicine. Up to four months of the 30 months may include training in areas related to primary care, such as neurology, dermatology, office gynecology, or office orthopedics.
- (2) May include up to three months of other electives approved by the internal medicine program director.
- (3) May include up to three months of leave for vacation time, parental leave, or illness. Vacation or other leave cannot be forfeited to reduce training time.

In addition, the following requirements for direct patient responsibility must be met:

- (1) At least 24 months of the 36 months of residency education must occur in settings where the resident personally provides or supervises less experienced residents who provide direct care to patients in inpatient or ambulatory settings.
- (2) At least six months of the direct patient responsibility on internal medicine rotations must occur during the R-1 year.

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**Clinical Competence Requirements**

The Board requires documentation that candidates for certification in internal medicine are competent in: (1) patient care (medical interviewing, physical examination, and procedural skills); (2) medical knowledge; (3) practice-based learning and improvement; (4) interpersonal and communication skills; (5) professionalism; and (6) systems-based practice.

Through its tracking process, the Board requires program directors to complete clinical competence evaluations each spring for internal medicine residents. A candidate may be excluded from an ABIM examination if the required components of clinical competence are not satisfactorily documented by the training program.

As outlined in the Program Director Ratings of Clinical Competence table below, all residents must receive satisfactory ratings in overall clinical competence and moral and ethical behavior in each year of training. In addition, residents must receive satisfactory ratings in each of the components of clinical competence during the final year of required training. It is the resident's responsibility to arrange for any additional training needed to achieve a satisfactory rating in each component of clinical competence.

**Program Director Ratings of Clinical Competence**

	<b>Overall Clinical Competence</b>	
<b>Ratings</b>	<b>R-1 and R-2</b>	<b>R-3</b>
Satisfactory	Full credit	Full credit
Marginal	Full credit for one marginal year. Repeat one year if both R-1 and R-2 are marginal	Not applicable

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Unsatisfactory    No credit, must repeat year    No credit, must repeat year

**Moral and Ethical Behavior**

<b>Ratings</b>	<b>R-1 and R-2</b>	<b>R-3</b>
Satisfactory	Full credit	Full credit
Unsatisfactory	Repeat year or, at the Board's discretion, a period of observation will be required	Repeat year or, at the Board's discretion, a period of observation will be required

**Evaluation of Individual General Competencies\***

<b>Ratings</b>	<b>R-1 and R-2</b>	<b>R-3</b>
Satisfactory	Full credit	Full credit
Unsatisfactory	Full credit	No credit, must repeat year

*\* The six required competencies are: (1) patient care (which includes medical interviewing, physical examination, and procedural skills), (2) medical knowledge, (3) practice-based learning and improvement, (4) interpersonal and communication skills, (5) professionalism, and (6) systems-based practice.*

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**Procedures Required for Internal Medicine**

Safety is the highest priority when performing any procedure on a patient. ABIM recognizes that there is variability in the types and numbers of procedures performed by internists in practice. Internists who perform any procedure must obtain the appropriate training to safely and competently perform that procedure. It is also expected that the internist be thoroughly evaluated and credentialed as competent in performing a procedure before he or she can perform a procedure unsupervised.

For certification in internal medicine, ABIM has identified a limited set of procedures in which it expects all candidates to be competent with regard to their knowledge and understanding. This includes (1) demonstration of competence in medical knowledge relevant to procedures through their ability to explain indications, contraindications, patient preparation methods, sterile techniques, pain management, proper techniques for handling specimens and fluids obtained, and test results; (2) ability to recognize and manage complications; and, (3) ability to clearly explain to a patient all facets of the procedure necessary to obtain informed consent.

There is a subset of procedures for which ABIM requires that all candidates demonstrate their competence to safely perform through evaluations performed during residency training. The set of procedures and associated competencies required for each are presented in the table below.

To help acquire both knowledge and performance competence, ABIM believes that residents should be active participants in performing procedures. Active participation is defined as serving as the primary operator or assisting another primary operator. ABIM encourages program directors to provide each resident with sufficient opportunity to be observed as an active participant in the performance of required procedures. In addition, ABIM strongly recommends that procedural training be conducted initially through simulations. At the end of training, as part of the evaluation required for admission to the Certification Examination in Internal Medicine, program directors must attest to each resident's knowledge and competency to perform the procedures in the table below. ABIM does not specify a minimum number of procedures to demonstrate competency; however, to assure adequate knowledge and understanding of the common procedures in internal medicine, each resident should be an active participant for each procedure five or more times.

Competency is required in the following procedures:

**Know, Understand, and Explain**

	Indications; Contraindications;	Recognition & Management of Complications; Pain Management; Sterile Techniques	Specimen Handling	Interpretation of Results	Requirements & Knowledge to Obtain Informed Consent	Perform Safely an Competen
Abdominal paracentesis	X	X	X	X	X	
Advanced cardiac life support	X		N/A	N/A	N/A	X
Arterial line placement	X		N/A	X	X	
Arthrocentesis	X	X	X	X	X	
Central venous line placement	X		N/A	N/A	X	
Drawing venous blood	X	X	X	X	N/A	X
Drawing arterial blood	X	X	X	X	X	X
Incision and drainage of an abscess	X	X	X	X	X	
Lumbar puncture	X	X	X	X	X	
Nasogastric intubation	X	X	X	X	X	
Pap smear and endocervical culture	X	X	X	X	X	X
Placing a peripheral venous line	X		N/A	N/A	N/A	X
Pulmonary artery catheter placement	X		N/A	X	X	
Thoracentesis	X	X	X	X	X	

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**Credit in Lieu of Standard Training for Internal Medicine Candidates**

**Training Completed Prior to Entering Internal Medicine Residency**

The Board may grant credit for some or all of the 12-month requirement at the R-1 level for training taken prior to entering training in internal medicine, as outlined below. The program director of an accredited internal medicine residency program must petition the Board to grant credit in lieu of standard R-1 internal medicine training. No credit will be granted to substitute for 24

months of accredited R-2 and R-3 internal medicine training.

(1) Month-for-month credit may be granted for satisfactory completion of internal medicine rotations taken during a U.S. or Canadian accredited non-internal medicine residency program if all of the following criteria are met:

- (a) the internal medicine training occurred under the direction of a program director of an accredited internal medicine program;
- (b) the training occurred in an institution accredited for training internal medicine residents; and
- (c) the rotations were identical to the rotations of the residents enrolled in the accredited internal medicine residency program.

(2) For trainees who have satisfactorily completed some U.S. or Canadian accredited training in another specialty, the Board may grant:

- (a) month-for-month credit for the internal medicine rotations that meet the criteria listed under (1) above; plus
- (b) a maximum of six months credit for the training in a family practice or pediatrics program; or
- (c) a maximum of three months credit for training in a non-internal medicine specialty program.

(3) Up to 12 months credit may be granted for at least three years of U.S. or Canadian accredited training in another clinical specialty, and certification by an ABMS member Board in that specialty.\*

(4) Up to 12 months credit may be granted for at least three years of verified internal medicine training abroad.\*

\* Requires a fee of \$300. Guidelines for proposals are available in Certification > Certification Policies > [Proposing Candidates for Special Consideration](#).

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#### **Training Completed Abroad By Current Full-time US or Canadian Faculty\***

Full-time internal medicine faculty members in an LCME-accredited medical school or an accredited Canadian medical school may qualify for admission to the Certification Examination in Internal Medicine if they:

- (1) are proposed by the chair or program director of an accredited internal medicine residency program;
- (2) have completed three or more years of verified internal medicine training abroad;
- (3) hold an appointment at the level of Associate Professor or higher at the time of proposal; and
- (4) have completed eight years, after formal training, as a clinician-educator or a clinical investigator in internal medicine with a full-time appointment on a medical school faculty.

\* Requires a fee of \$300. Guidelines for proposals are available in Certification > Certification Policies > [Proposing Candidates for Special Consideration](#).

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#### **Combined Training (Training in Combined Programs)**

ABIM recognizes internal medicine training combined with training in the following programs:

- [Dermatology](#)
- [Emergency Medicine](#)
- [Emergency Medicine/Critical Care Medicine](#)
- [Family Practice](#)
- [Medical Genetics](#)
- [Neurology](#)
- [Nuclear Medicine](#)
- [Pediatrics\\*](#)
- [Pediatric Subspecialties](#)
- [Physical Medicine and Rehabilitation](#)
- [Preventive Medicine](#)
- [Psychiatry](#)

Guidelines for the combined training programs and requirements for credit toward the ABIM Certification Exam in Internal Medicine are available from the *Certification > Certification Policies* menu, or from the links above.

\*Combined medicine/pediatrics training initiated July 1, 2007 or after must be undertaken in a combined medicine/pediatrics program accredited by the ACGME. See [Internal Medicine/Pediatrics](#) for more details.

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## Certification Using the Research Pathway

The ABIM Research Pathway is designed to integrate training in research and clinical internal medicine for those physicians who are seriously pursuing careers in basic science or clinical research. The value of the ABIM Research Pathway is that while it requires core clinical training, it concentrates on fostering a research experience that is comprehensive in terms of time, formal curriculum, and structured evaluation and feedback. These components are essential for professional growth and development and to promote continuous quality improvement.

Guidelines for certification using the research pathway are available from the *Certification > Certification Policies > Research Pathway* menu. The options are shown as links below.

- [Policy & Requirements](#)
- [Research Training Specifics](#)
- [Criteria for Defining Research Quality](#)
- [Guidelines and Forms for Evaluation](#)
- [Future Roles & Training](#)

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## Special Training Policies

### Disclosure of Performance Information

Trainees planning to change programs must make requests to their current program and to the Board to send written evaluations of past performance to the new program. These requests must be made in a timely manner to ensure that the new program director has the performance evaluations for review before offering a position. A new program director may also request performance evaluations from previous programs and from the Board concerning trainees who apply for a new position. The Board will respond to requests from trainees and program directors by providing any performance evaluations it has in its possession and the total credits accumulated toward the Board's training requirements for certification.

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### Due Process for Evaluations

The responsibility for the evaluation of a trainee's clinical competence and moral and ethical behavior rests with the program, not with the Board. The Board is not in a position to re-examine the facts and circumstances of an

individual's performance. As required by the ACGME in its *Essentials of Accredited Residencies in Graduate Medical Education*, the educational institution must provide appropriate due process for its decisions regarding a trainee's performance.

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### **Leave of Absence and Vacations**

Trainees may take up to one month per year of training for vacation, parental or family leave, or illness (including pregnancy-related disabilities). Training must be extended to make up any absences exceeding one month per year of training. Vacation leave is essential and cannot be forfeited.

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### **Definition of Full-time Training**

Full-time training is defined as daily assignments for periods of no less than one month to supervised patient care, educational, or research activities designed to fulfill the goals of the training program. Full-time training must include systematic clinical observation with formative and summative evaluation of performance by faculty and senior trainees.

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### **Reduced-Schedule Training**

Interrupted full-time training is acceptable, provided that no period of full-time training is shorter than four weeks. In any 12-month period, at least six months should be spent in training. Patient care responsibilities should be maintained in a continuity clinic during the non-training component of the year at a minimum of one-half day per week. Board approval must be obtained before initiating an interrupted training plan. Part-time training, whether or not continuous, is not acceptable.

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## **Other Policies**

### **Board's Evaluations and Judgments**

Candidates for Certification and Maintenance of Certification agree that their professional qualifications, including their moral and ethical standing in the medical profession and their competence in clinical skills, will be evaluated by the Board, and the Board's good faith judgment concerning such matters will be final.

The Board may make inquiry of persons named in candidates' applications and of other persons, such as authorities of licensing bodies, hospitals, or other institutions as the Board may deem appropriate with respect to such matters. Candidates agree that the Board may provide information it has concerning them to others whom the Board judges to have a legitimate need for it.

The Board makes academic and scientific judgments in its evaluations of the results of its examinations. Situations may occur, even through no fault of the candidates, that render examination results unreliable in the judgment of the Board. Candidates agree that if the Board determines that, in its judgment, the results of their examination are unreliable, the Board may require the candidates to retake an examination at its next administration or other time designated by the Board.

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### **Board Eligibility**

The Board does not use, define, or recognize the term "Board Eligible."

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### Reporting Certification Status

The Board will routinely report through its website or by mail, whether candidates are certified (including dates) or not certified. If a diplomate was previously certified, the dates of former certification will be reported. If certification is revoked or suspended, the Board will report that fact.

On a candidate's written request to the Board, the following information will also be provided in writing: (1) that an application is currently in process and/or (2) the year the candidate was last admitted to examination.

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### Representation of Certification Status

Diplomates of the Board must accurately state their certification status at all times. This includes descriptions in curriculum vitae, advertisements, publications, directories, and letterheads. Diplomates with expired time-limited certification may not claim board certification and must revise all descriptions of their qualifications accordingly. When a physician misrepresents certification status, the Board may notify local credentialing bodies, licensing bodies, law enforcement agencies, and others.

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### Errors and Disruptions in Examination Administration

Occasionally problems occur in the creation, administration, and scoring of examinations. For example, power failures, hardware and software problems, human errors, or weather problems may interfere with some part of the examination process. When such problems occur, ABIM will provide the affected candidates with an opportunity for re-examination. Re-examination shall be the candidate's sole remedy. ABIM shall not be liable for inconvenience, expense, or other damage caused by any problems in the creation, administration, or scoring of an examination, including the need for retesting or delays in score reporting. In no circumstance will ABIM reduce its standards as a means of correcting a problem in examination administration.

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### Confidentiality Policy

ABIM considers the certification or recertification status of its candidates and diplomates to be public information.

ABIM provides a diplomate's certification status and personal identifying information, including address and social security number, to the Federation of State Medical Boards (FSMB) and the American Board of Medical Specialties (ABMS) which publishes The Official ABMS Directory of Board Certified Medical Specialists. The FSMB and ABMS use personal identifying information, including social security numbers, as a unique internal identifier and maintain the confidentiality of this information. On request, ABIM provides a diplomate's certification status and address to the professional medical societies that provide educational resources relevant to the Maintenance of Certification program.

ABIM provides residency and fellowship training directors with information about a trainee's prior training and pass/fail status on certifying examinations. If a trainee has given permission, ABIM will provide the program director with the trainee's score on his/her first attempt at the certification examination for that area of training. ABIM uses examination performance, training program evaluations, self evaluations of knowledge and practice performance, and other information for research purposes, including collaboration with other research investigators and scientific publications. In such research, the Board will not identify specific individuals, hospitals, or practice associations. All practice performance data is [HIPAA compliant](#).

ABIM reserves the right to disclose information it possesses about any individual whom it judges has violated ABIM rules, engaged in misrepresentation or unprofessional behavior, or shows signs of impairment.



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### Licensure

All candidates for certification and maintenance of certification must possess a valid, unrestricted, and unchallenged medical license in the jurisdiction where they practice. Candidates with licenses that are restricted, suspended, revoked, or surrendered in lieu of disciplinary action in any jurisdiction will be denied admission to a certifying examination or denied recertification. Restrictions include but are not limited to conditions, contingencies, probation, and stipulated agreements.

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### Disabled Candidates

The Board recognizes that some candidates have physical limitations that make it impossible for them to fulfill the requirement for proficiency in performing procedures. For such individuals, the procedural skills requirement may be waived. Program directors should write to the Board for an exception before the individual enters training or when the disability becomes established.

The Board is committed to offering suitable examination accommodations for all candidates, including individuals with disabilities. When necessary, alternative arrangements under conditions comparable to those provided for other candidates are offered to disabled individuals. Candidates who need accommodation for a disability during an examination must provide a written request to the Board at the time of application for examination. The Board will then inform the candidate of the documentation that must be received by the Board no later than the examination registration deadline. Reapplication for special accommodation is not required for each examination administration unless a new accommodation is requested. The Board treats requests for accommodations as confidential. For additional information about the process and documentation requirements, please contact the Board at [accommodations@abim.org](mailto:accommodations@abim.org), or refer to: *Certification > Secure Examination > Testing Accommodations for Exam Takers with Disabilities*.

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### Substance Abuse

If a candidate or a diplomate has a history of substance abuse, documentation of at least one year of continuous sobriety from a reliable monitoring source must be submitted to the Board for admission to an examination or to receive a certificate. The Board treats such information as confidential.

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### Suspension and Revocation of Certificates

The Board may, at its discretion, revoke certification if the diplomate was not qualified to receive the certificate at the time it was issued, even if the certificate was issued as a result of a mistake on the part of the Board. It may also revoke the certificate if the diplomate fails to maintain moral, ethical, or professional behavior satisfactory to the Board, or engages in misconduct that adversely affects professional competence or integrity. It may revoke or suspend the certificate if: (1) the diplomate made any material misstatement of fact or omission of fact to the Board in connection with application or to any third party concerning the diplomate's certification status; or (2) the diplomate's license to practice medicine has been revoked, suspended, restricted, or surrendered in lieu of disciplinary action in any jurisdiction. A physician may petition the Board for recertification upon restoration of unrestricted licensure. If the Board grants the petition, and upon such conditions as the Board may require, the physician must complete the Board's Maintenance of Certification program. Upon successful completion of the Maintenance of Certification program, the physician will be granted a new time-limited certificate consistent with the current policies of the Board.

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### Irregular Behavior on Examinations

The Board's examinations are copyrighted and administered in secure testing centers by test administrators who are responsible for maintaining the integrity and security of the certification process. Test administrators are required to report to the Board any irregular or improper behavior by a candidate, such as giving or obtaining information or aid, looking at the test material of others, removing examination materials from the test center, taking notes, bringing electronic devices (e.g., beepers, pagers, cell phones, etc.) into the examination, failing to comply with time limits or instructions, talking, or other disruptive behavior. Irregular or improper behavior that is observed, made apparent by statistical analysis, or uncovered by other means will be considered a subversion of the certification process and will constitute grounds for invalidation of a candidate's examination.

Other actions that the Board may take at its discretion include exclusion from future examinations and informing program director(s), licensing bodies, impaired physicians advocacy groups, or law enforcement agencies of ABIM actions.

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### Re-examination

Candidates who are unsuccessful on an examination may apply for re-examination. To be granted admission, candidates must meet all applicable licensure, professional standing and procedural requirements. As long as these requirements are met, there is no restriction on the number of opportunities for re-examination.

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**American Board of Internal Medicine | 510 Walnut Street, Suite 1700  
Philadelphia, PA 19106 | [Contact ABIM](#)**

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