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January 6, 2010

John D. Buckley, MD, MPH
President, Association of Pulmonary and Critical Care Medicine Program Directors
Indiana University School of Medicine
Emerson Hall 317
545 Barnhill Drive
Indianapolis, IN 46202

Dear Dr. Buckley,

Thank you for your correspondence of December 8th, 2009 regarding the proposed ABEM co-sponsorship of the ABIM subspecialty of Critical Care Medicine. You have raised a number of important questions.

To begin, and before I address those questions, please understand that co-sponsorship has not yet been approved. I think reviewing the background of this proposal will be useful.

On March 20, 2009, a multistakeholder group of thought leaders from the Internal Medicine and Emergency Medicine meet for a day long meeting to continue discussions initially begun in 2006 and revisited in 2008 regarding the feasibility of this pathway.

ABIM representation on this taskforce included;

Sue Ravenscraft, MD, Chair, ABIM Subspecialty Board on Critical Care Medicine,
Gregory Kane, MD, Internal Medicine Program Director and Vice-Chairman Department of Medicine, Jefferson Medical College,
John Kellum, MD, Professor, Critical Care Medicine, University of Pittsburg,
Robert Kotloff, MD, Chair, ABIM Subspecialty Board on Pulmonary Disease,
Eric Scher, MD, DIO and Vice President of Medical Education, Henry Ford Health System.

ABEM representation included;

Debra Perina, MD, Secretary-Treasurer, ABEM and Fellowship Director, EMS Fellowship, University of Virginia,
James Jones, MD, Indiana University School of Medicine,
Jo Ellen Linder, MD, Associate Professor, Department of Surgery, University of Vermont,
Francis Counselman, MD, Program Director, Emergency Medicine Residency, Eastern Virginia Medical School,
Samuel Keim, MD, Residency Director, Emergency Medicine Residency, University of Arizona College of Medicine,
Emanuel Rivers, MD, Vice Chairman and Director of Research, Department of Emergency Medicine, Henry Ford Hospital.

At the conclusion of this meeting, the taskforce unanimously agreed to the following recommendation.

The Task Force unanimously recommends that the American Board of Internal Medicine (ABIM) and American Board of Emergency Medicine (ABEM) submit a proposal to the American Board of Medical Specialties (ABMS) for ABEM co-sponsorship of ABIM Critical Care Medicine (CCM) subspecialty certification. The program would require three years of EM training and two years of CCM training.

This recommendation was taken to the American Board of Internal Medicine Subspecialty Board on Critical Care Medicine. The following recommendation was offered.

The ABIM Subspecialty Board on Critical Care Medicine concurs with the above recommendation of the ABIM/ABEM Task Force on Critical Care Medicine, which we hereby submit to the ABIM Board of Directors for recommended approval. We unanimously endorse allowing ABEM diplomates who have successfully completed three years of training in an accredited EM program and two years of CCM training in an accredited IM/CCM program to enter the ABIM process leading to certification in Critical Care Medicine.

In June of 2009, the Board of Directors of the American Board of Internal Medicine (ABIM) approved the recommendation from the joint ABIM/American Board of Emergency Medicine (ABEM) task force and the ABIM Subspecialty Board on Critical Care Medicine to petition the American Board of Medical Specialties (ABMS) for ABEM co-sponsorship of the ABIM subspecialty of Critical Care Medicine. While the ABIM BOD was in full support of pursuing this co-sponsorship, ABIM requested the opportunity to review the proposal before the application is finalized and forwarded to ABMS.

In addition, ABEM will be presenting the proposal and suggested training requirements for EM residents applying for CCM fellowship to the ACGME IM RRC at one of their upcoming meetings to insure that this potential training pathway complies with existing training regulations.

ABIM staff have anticipated that key stakeholders will have important questions about this proposed co-sponsorship. As a result, the following questions and answers have been developed. In addition to the specific questions you have asked, I believe you will find these questions and answers to be of value.

- 1. What is the purpose of creating this pathway for Critical Care Medicine (CCM) certification of diplomates of the American Board of Emergency Medicine (ABEM)?**
Emergency physicians are already being accepted and trained in CCM fellowships (such as in the University of Pittsburgh's program, which has trained emergency physicians since 1976) – but these trainees have no American Board of Medical Specialties (ABMS) CCM certification option available to them. The CCM training of emergency physicians is occurring already; offering a certification process to them would merely provide an indicator to the public and to the physicians themselves that certain standards are being met. The long history of this issue is outlined in the January 2008 report of an earlier joint ABIM/ABEM task force.
- 2. Can a two-year critical care medicine fellowship program accommodate the different training backgrounds of emergency physicians and internists?**

The Task Force came to the unanimous conclusion that this is a reasonable accommodation that can be made within the framework of a two-year CCM fellowship. As evidence, approximately 100 emergency physicians have already successfully completed accredited critical care fellowships (through programs such as the University of Pittsburgh's), and many have chosen to take (and have successfully passed) the exam offered by the European Society of Intensive Care Medicine. In addition, EM residents who choose to pursue CCM fellowships are a self-selecting group who has often chosen to focus their residency electives on aspects that may be helpful in CCM training. The Task Force believes that in some areas (such as procedures), EM residents would be better prepared for CCM than IM residents, and that two-year CCM fellowships provide enough flexibility to accommodate potential training deficiencies for EM residents (e.g., nutrition, rehabilitation, longitudinal care).

3. Are there other differences in philosophy to care that need to be addressed? Particularly, does the different cognitive orientation to patient care inherent in emergency medicine versus internal medicine make it difficult for emergency physicians to train and practice in medical intensive care units?

The Task Force discussed this issue at length and came to the conclusion that CCM blends the diagnostic paradigm of internal medicine with the therapeutic imperative of emergency medicine, so that IM-trained intensivists also need to adjust their orientation to be able to manage the melding of medical and surgical patients in the ICU. Surgery shares a therapeutic imperative with emergency medicine, and many IM-trained intensivists work in surgical ICUs. Intensivists need the full range of diagnostic/cognitive skills and therapeutic skills, so IM and EM residents both need somewhat of a philosophy shift in CCM. As further evidence, a Task Force member with experience with the Pittsburgh program noted that all the Pittsburgh critical care fellows emerge with the same knowledge, skills, and philosophy to care; once they finish the program, it is impossible to differentiate which ones were EM-trained and which were IM-trained.

4. What if a critical care fellowship program believes that it cannot reasonably accommodate emergency physicians' training differences?

Each individual fellowship program will decide whether it wants to admit emergency physicians. Some critical care fellowship programs (notably, the program at the University of Pittsburgh) already accept emergency physicians. Even at Pittsburgh, only a select number of fellows are accepted into the program, from any specialty, and the judgment is made on the individual level whether the resident should be admitted to the program. No fellowship program will be required to accept emergency physicians.

5. How can we ensure that emergency physicians receive the necessary critical care training to practice?

Ultimately, it is the program director's responsibility to ensure that fellows (of any background) are adequately trained for practice. The Task Force noted that accommodations are already often required for IM-trained fellows in any subspecialty, due to the heterogeneity of IM residency training. In fellowship programs of all disciplines, accommodations typically are made on an individual level, not necessarily based on primary specialty. The burden rests on the program director to ensure that all trainees acquire proficiency in all necessary competencies.

6. Would the Critical Care Medicine certification/MOC process for ABEM diplomates differ from the process for ABIM diplomates?

No. ABEM diplomates would be participating in the same Critical Care Medicine certification/Maintenance of Certification process and would be held to the same standard as ABIM diplomates. Emergency physicians would be required to hold certification in Emergency

Medicine from ABEM, complete accredited critical care training, and pass the same Critical Care Medicine examination administered to ABIM diplomates.

7. Why does creating this pathway require that ABEM “co-sponsor” ABIM’s Critical Care Medicine subspecialty?

“Co-sponsorship” is the process established by the American Board of Medical Specialties (ABMS) for diplomates to be certified through a subspecialty developed by another Board. For example, ABIM is technically a “co-sponsor” of Adolescent Medicine, which is administered to ABIM diplomates by the American Board of Pediatrics.

8. Does this require approval from the American Board of Medical Specialties (ABMS)?

Yes. If the leadership of ABIM and ABEM decide to move forward with this proposal, ABEM will need to develop a formal application for co-sponsorship to submit to ABMS for approval. This draft proposal will be reviewed and approved by the ABIM Board of Directors before submission to ABMS.

9. Who would issue the Critical Care Medicine certificate to ABEM diplomates: ABIM or ABEM?

As with other co-sponsored subspecialties, ABEM would issue the Critical Care Medicine certificate to its diplomates, but the certificate would indicate that the standards are the same as those of ABIM. This is the model ABIM uses with Adolescent Medicine, for example, in which ABIM issues certificates to its diplomates but the American Board of Pediatrics administers the exam and sets the standards, and is the same model used by other Boards for Sleep Medicine, for which all diplomates sit for the ABIM Sleep Medicine examination but receive certificates issued by their primary specialty Board.

10. Would the composition of the ABIM Critical Care Medicine Subspecialty Board change if ABMS approves ABEM as a co-sponsor of Critical Care Medicine?

Probably. ABIM would likely add one ABEM representative to the Subspecialty Board on Critical Care Medicine, as has been the case with other co-sponsored subspecialties. The Task Force, including the Chair and a member of the ABIM Subspecialty Board on Critical Care Medicine, believes that emergency medicine expertise would be a valuable perspective to add to the Subspecialty Board.

11. If this proposal is approved, would EM residents be eligible for combined Pulmonary/Critical Care fellowships or certification?

This proposal provides a pathway for certification in Critical Care Medicine only, not Pulmonary Disease. Only Pulmonary/Critical Care fellowships with an embedded Critical Care Medicine only track would be able to accept EM residents as fellows.

12. How many ABEM diplomates are expected to participate in this program?

ABEM estimates 20-25 EM fellows per year would pursue CCM certification if a pathway were developed. Surveys have indicated that the lack of an ABMS certification pathway has deterred some emergency physicians from pursuing critical care fellowships, so this estimate may be slightly higher but is still expected to be a small number.

13. If the proposal is approved, would there be a “grandfathering” period for emergency physicians who have already completed Critical Care fellowships?

Yes. ABIM and ABEM would work out the details of a “grandfathering” period, which would be specified in the formal application to ABMS. This would be similar to the “grandfather” pathway of other ABIM subspecialty certification programs, which is typically available as an option to physicians for only the first five years of a certification program. We expect that some of the

approximately 100 emergency physicians in current practice in the United States who have completed accredited fellowship training in critical care would apply to take the CCM certifying examination, and ABIM and ABEM would determine the eligibility criteria and deadline for participation through this pathway (e.g., within five years after CCM certification is first offered to ABEM diplomates).

14. What about the shortened four-year combined training program in IM/EM that was proposed by the earlier task force in January 2008?

A group of IM/EM program directors will be convened sometime in the future to explore the feasibility of shortening IM/EM combined training, and will report back to the Task Force with recommendations. This is a separate issue from the critical care medicine certification pathway for emergency physicians.

I hope you find the above discussion informative. Please feel free to contact me with any additional questions.

Sincerely,



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