



**American Board
of Medical Specialties**

Higher standards. Better care.®

American Board of Medical Specialties

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February 10, 2025

Stephen J. Boese
Executive Secretary
New York State Board for Medicine (Licensure)
89 Washington Avenue
2nd Floor, West Wing
Albany, NY 12234-1000

Re: New Federal Law Sets Standards for Physician Certifying Organizations

Dear Mr. Boese:

On behalf of the American Board of Medical Specialties (ABMS), I am pleased to provide this critical update and some helpful resources related to efforts to better recognize organizations that provide specialty certifications to physicians.

The question of what constitutes a legitimate board certification program is one that many state medical boards and other policy makers have been asked to answer in recent years. While more than 80 percent of medical specialists nationwide are certified by a specialty organization, the details of what constitutes a certifying program are not well understood.

Specialty certification remains one of the most important factors for patients selecting a physician. However, as specialty certification programs continue to emerge and diverge, patients are being increasingly exposed to programs that are vastly different in training and assessment requirements.

To ensure the integrity of physician credentialing organizations, policy makers are turning to the adoption of consistent professional standards and definitions of legitimate certification bodies. Adopting a common baseline definition of specialty certification ensures patients can trust in the integrity of the credential; avoids public confusion about differing credentials; and provides policy makers and health care organizations better guidance when assessing certification programs.

Adopting common language has already been embraced by state and federal governments. In 2024, Colorado included a definition of national board certification in its medical practice act for the first time. More significantly, the United States Congress adopted standards for recognizing certifying bodies to be applied to the 130,000+ person workforce of the [Defense Health Agency](#) (DHA), ensuring all active military personnel will have access to the highest qualified specialty physicians. In both cases, the legislative changes adopted were based on language previously developed by the medical profession and adopted by the [American Medical Association](#) as well as the definition established by credentialing experts at the [Institute for Credentialing Excellence](#).

Your medical board and other policy makers may also want to consider adopting the standards and definitions already implemented at the DHA requiring that organizations seeking recognition for providing physician certification should, at a minimum:

- Maintain a process to define, periodically review, enforce, and update specific standards regarding knowledge and skills of the specialty or subspecialty;
- Administer a psychometrically valid assessment to determine whether a physician/medical specialist meets standards for initial certification, and recertification or continuing certification;
- Establish and enforce a code of professional conduct; and
- Require that a physician/medical specialist satisfy the certifying body's requirements for both initial certification and recertification or continuing certification requirements of the certifying body that granted the initial certification.

Trust in specialty medical care relies on patients knowing that board certification, regardless of the organization, includes a commitment to certain professional standards. ABMS' certification standards—as implemented by its 24 Member Boards—have long satisfied these baseline standards for purposes of credentialing, privileging, and advertising. Other medical specialty certifying bodies have achieved this same recognition for these same purposes. Some organizations may attempt, however, to become recognized even though they fail to meet these standards. For example, some organizations do not develop specialty-specific standards and psychometrically valid assessments as a part of their programs. Instead, their organizations' programs rely primarily on continuing medical education, and these types of programs significantly deviate from the high-quality certification programs offered by ABMS Member Boards and other recognized certifying bodies. Allowing organizations that cannot meet these basic standards of specialty certification to claim they are offering a certificate with similar rigor and oversight risks patient safety and threatens public trust in specialty medicine.

You can find more information on common approaches to recognizing board certification, as well as resources on the value of ABMS board certification, on our [website](#). We welcome the opportunity to discuss these issues in more detail with your board members and staff and thank you in advance for your attention to this matter of significant importance to public trust in medicine.

Sincerely,

A handwritten signature in cursive script, reading "Richard E. Hawkins".

Richard E. Hawkins, MD
President and Chief Executive Officer