THE AMERICAN SOCIETY OF INTERNAL MEDICINE POSITION STATEMENT:

December 1972

AMERICAN BOARD OF INTERNAL MEDICINE CERTIFICATION PROCEDURE

The Present Situation:

The sharply foreshortened period of training following receipt of the MD degree which now is required for eligibility for examination and certification as an internist is a serious concern. It is evident that the new certification attained in one-half the time required in the past cannot be considered equivalent to the old certification with respect to total knowledge accumulated, maturity, judgment or well-established habit patterns of practice, which previously were considered the hallmark of the certified internist.

The foreshortened time of training may actually preclude attaining the very goal which had been sought which was to interest more prospective internists in training to become general internists and primary physicians. Actually, the shortened training period required for certification may make it easier for this individual to pursue a subspecialty endeavor, especially if the prestige of certification in internal medicine is diluted by the shortened training period required.

Maturity, visionary leadership within the medical profession have been sorely needed in the past decade to meet the demands for newer and better quality health care service capability. The American College of Physicians, the American Board of Internal Medicine, and internists as a group, were rightfully considered as the source of that leadership. The abbreviated curriculum in many medical schools and the reduction in qualification for Board certification in medicine may be evidences of misdirection in that professional leadership.

Recommended Actions:

Further alterations or revisions to longer training periods for qualifications for Board certification should not be undertaken at the present time in view of the many recent changes.

Internists should demonstrate leadership in medical school curriculum development. Careful reservation should be expressed in the concept that professional physicians can be developed with significantly less than four years of medical school experience. Shortened basic science and clinical requirements replaced by major increases in elective opportunities, should be viewed as exploratory.
Internists should demonstrate leadership at the residency training level by encouraging the American Board of Internal Medicine to eliminate the allowance of one year of the three-year training for the certifying exam to be a specialty year. It is unlikely that a 'total period of training of only, two years of general internal medicine experience, followed by one full year devoted entirely to one subspecialty, will offer adequate in-depth experience for a Board certified internist.

When any United States medical school changes its program to grant the MD degree after only three years of standard medical school experience, internists should encourage the American Board of Internal Medicine to require that graduates of such schools undertake four years of medical residency training, rather than three, to be eligible for Board certification.

In lieu of recertification procedures, internists accept responsibility for and maintenance of competence in the delivery of high quality medical care by:

1. Participation in and strong positive support to the concept of the assessment of the physician's competence by evaluation of performance in patient care and by participation in evaluation methods designed to assess clinical skills.

2. Participation in Self-Assessment Examinations.

3. Maintenance of a program of personal self-education based upon:
   a) Participation in hospital education programs.
   b) Attendance at state, regional, and national post-graduate courses and seminars.
   c) The regular use of text, journal, audio-visual and other educational materials.
   d) Use of both formal and informal consultations.

Subspecialty Boards

Internists should oppose the establishment of new subspecialty boards. These subspecialty certifications serve to fragment general internal medicine and to withdraw the candidate from the general internist field. These certifications would seem to add no intellectual prestige to the subspecialist who is recognized by his internist peers through clinical skill and acumen. Subspecialty societies, indeed, have a meaningful role which is not dependent upon such subspecialty boards.

Approved, Board of Trustees, November 1972.