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February 11, 2020

Dr. D. Craig Brater, President & CEO
Alliance for Academic Internal Medicine
330 John Carlyle Street, Suite 610
Alexandria, VA 22314

Dear Dr. Brater,

The American Board of Internal Medicine's (ABIM's) Internal Medicine Board would like to make you aware of the final outcome regarding a significant policy change effective this year on procedural competence required of internal medicine residents at the completion of their residency training in order to be eligible for certification in Internal Medicine.

A year ago, you advised us on the question of whether or not a specific set of procedural competencies should be required of all graduating internal medicine residents in order to be eligible for certification in Internal Medicine. The Internal Medicine Board and ABIM Council subsequently approved the recommendation that all IM residents should be able to do some procedures, but not require a common set of procedural competencies of all graduating residents. Further, residents *must* have the opportunity to develop competence in procedures which will further their development as fellows in their chosen subspecialty or as independent practitioners in their intended fields if entering practice after residency.

The Internal Medicine Board felt strongly that competence in the performance of invasive procedures was essential for every internal medicine resident upon graduation and, in particular that they demonstrate effective consent discussions, standard precautions and establishment of a sterile field. Residency program directors will be asked to attest to each resident's *general competence* in the performance of invasive procedures. However, this shift toward customizing training according to resident career plans raises a new question – how would internal medicine program directors be able to identify what procedural skills might be recommended prior to training in each subspecialty?

In June 2019, the ABIM Council charged all ABIM Specialty Boards to work collaboratively with education stakeholders to determine whether there were any procedural competencies that would be expected for residents to gain experience or competency prior to entering fellowship training in their discipline specifically, i.e. "pre-fellowship procedures". These pre-fellowship procedures would not be required for certification eligibility in Internal Medicine or any ABIM Subspecialty certification area, but would be a way to guide internal medicine residents (and residency program directors) about what kinds of procedural skills they should have, if any, before entering fellowship.

ABIM will be surveying program directors and current/recent fellows in subspecialty fields to help create a robust picture of what these suggested procedures might be in each discipline. The intended output of this next phase of co-creating with the internal medicine community would be lists of recommended or expected 'pre-fellowship procedural skills' on ABIM's website for most subspecialty certification areas. Many thanks for the thoughtful feedback you've shared already, and if there's anything else that you want us to know about the idea of pre-fellowship procedures for subspecialty disciplines, please do feel free to reply back with those comments or questions.

Sincerely,



Asher Tulsky, MD
Chair, Internal Medicine Board

CC: Ms. Bergitta Cotroneo; Ms. Margaret Breida