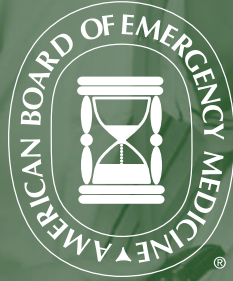


AMERICAN BOARD OF EMERGENCY MEDICINE

# ANNUAL REPORT



2017-2018

# ABEM'S MISSION TO ENSURE THE HIGHEST STANDARDS IN THE SPECIALTY OF EMERGENCY MEDICINE.



## ABEM'S PURPOSES<sup>1</sup>

- To improve the quality of emergency medical care
- To establish and maintain high standards of excellence in Emergency Medicine and its subspecialties
- To enhance medical education in the specialty of Emergency Medicine and related subspecialties
- To evaluate physicians and promote professional development through initial and continuous certification in Emergency Medicine and its subspecialties
- To certify physicians who have demonstrated special knowledge and skills in Emergency Medicine and its subspecialties
- To enhance the value of certification for ABEM diplomates
- To serve the public and medical profession by reporting the certification status of the diplomates of the American Board of Emergency Medicine

<sup>1</sup>ABEM holds the interests of patients and their families in the highest standing, particularly with regard to the provision of the safest and highest-quality emergency care. ABEM addresses its commitment to patients by supporting the physicians who provide care to the acutely ill and injured, and by working to transform the specialty of Emergency Medicine.

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# PRESIDENT'S MESSAGE

*They always say time changes things, but you actually have to change them yourself.*

~ Andy Warhol

*It's only after you've stepped outside your comfort zone that you begin to change, grow, and transform.*

~ Roy T. Bennett

This past year has been one of tremendous change for ABEM and the way we approach Continuing Certification (MOC), and specifically, the ConCert™ Examination (ConCert). To find out what was working and what might improve the examination, ABEM reached out to ABEM-certified physicians on a number of occasions.

ABEM initially spoke with leaders and members of Emergency Medicine organizations. In the fall of 2017, ABEM began discussions about the ABEM MOC Program with ACEP state chapters and convened a ConCert Summit that included representatives of all Emergency Medicine organizations. We also examined comments from over 20,000 responses from surveys that follow each LLSA test and ConCert from the previous year.

At this point, opinions about how the exam might be changed were fairly consistent: more flexibility, enhanced relevance, and a reduction in the high-stakes nature of the exam. Another common theme was that because of the speed of advances in the specialty, ten years between exams is probably too long. Above all, we heard that ABEM certification must retain its strength as a credential.

After careful analysis, ABEM decided to administer ConCert twice per year beginning in



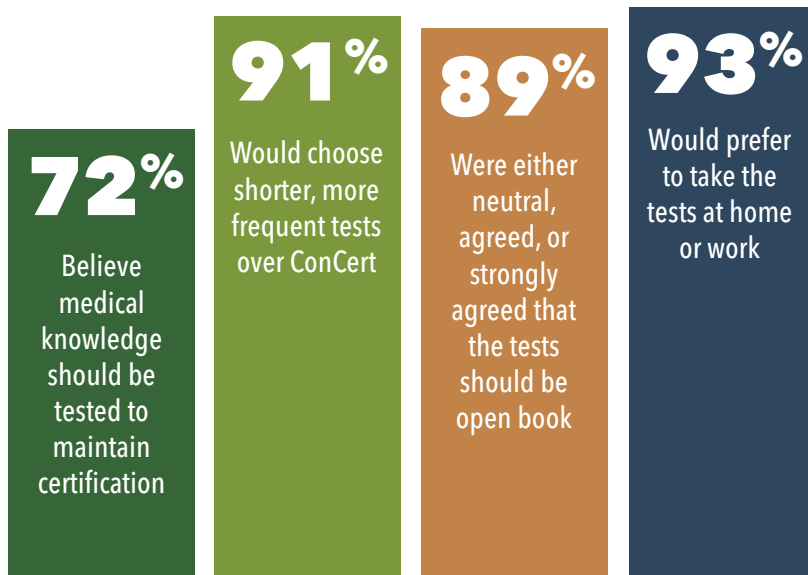
**Terry Kowalenko, M.D.**

2019, which provides additional opportunities to take the exam, thereby reducing some of its high-stakes nature.

In tandem, the development of an alternative to ConCert began to take shape. Initial thoughts were that the alternative would focus on shorter, more-frequent assessments, with the ability to retake the test sooner, if needed. Test topics would be more presentation based, such as difficulty breathing or abdominal pain. We also identified remote access and the use of some form of medical references as desirable for the alternative. The overall goal is to make it look more like your everyday work.

## **All-physician Survey**

To gauge how closely the initial thoughts about the ConCert alternative resonated with emergency physicians, and to gather additional input about the Continuing Certification process, ABEM sent a survey to 35,247 ABEM-certified physicians. The survey was available from June 14 to June 29, 2018. ABEM received 12,800 responses (36 percent response rate). Key results are illustrated in the graphic, on the next page.



Through a new testing format, ABEM is pursuing a Continuing Certification process that could integrate many of the ideas expressed on the survey. The alternative, which will begin being phased in in 2020, will have a stronger emphasis on physician learning and integrating medical advances into practice. Again, these changes will increase the relevancy and flexibility of the process and decrease the high-stakes nature of the exam. We are grateful for all input provided by ABEM-certified physicians, either in response to a survey, attending a summit, or participating in conference calls. We appreciate the time you've taken to share your ideas.

### Increasing the Value of Certification

We have also been working on ways to add value to your certification. One example is the availability of a letter refuting the need for merit badge courses. The letter, the result of the interorganizational Coalition to Oppose Medical Merit Badges (COMMB), is available to any ABEM-certified physician participating in MOC. COMMB is working to provide this information to other organizations, such as hospital-based management groups. Another example is the recognition by the American College of

Surgeons (ACS) that ABEM MOC activities eliminate the need for ACS trauma-related CME credits to fulfill ACS trauma center verification requirements.

Other improvements include eliminating the MOC requirement to participate in patient satisfaction surveys.

### Moving Forward

We continue to work on the details of the ConCert alternative. A dedicated team of ABEM directors and staff is committed to finalizing the details as quickly as possible, and we will provide additional specifics as they are decided. Our goal is to align our activities with your efforts to become a better doctor and ensure the public that no matter what emergency department they might enter, if they see an ABEM-certified physician they can be confident that they will receive the highest-quality care, 24/7/365. We believe your ABEM certification provides that assurance.

Together we will continue to support the ABEM mission "to ensure the highest standards in the specialty of Emergency Medicine."

Thank you for all you do.

# LEADERSHIP

## Board of Directors

### Executive Committee

Terry Kowalenko, M.D., *President*  
Robert L. Muelleman, M.D., *President-Elect*  
Michael L. Carius, M.D., *Immediate-Past-President*  
Jill M. Baren, M.D., *Secretary-Treasurer*  
O. John Ma, M.D., *Member-at-Large*  
Kerryann B. Broderick, M.D., *Senior-Member-at-Large*

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Michael S. Beeson, M.D.  
Wallace A. Carter, M.D.  
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Marianne Gausche-Hill, M.D.  
Deepi G. Goyal, M.D.  
Leon L. Haley, Jr., M.D.  
Ramon W. Johnson, M.D.  
Samuel M. Keim, M.D.  
Mary Nan S. Mallory, M.D.  
Catherine A. Marco, M.D.  
Lewis S. Nelson, M.D.  
James D. Thomas, M.D.  
Robert P. Wahl, M.D.

### Executive Staff

Earl J. Reisdorff, M.D., *Executive Director*  
Melissa A. Barton, M.D., *Director of Medical Affairs*  
Susan K. Adsit, *Associate Executive Director,  
Certification and Organizational Services*  
Anne L. Harvey, Ph.D., *Associate Executive  
Director, Evaluation and Research*  
Jennifer L. Kurzynowski, *Associate Executive  
Director, Operations*  
Timothy J. Dalton, *Director, Examination  
Development and Administration*  
Michele C. Miller, *Director, Certification Services*



**Front row**, left to right: O. John Ma, M.D.; Michael L. Carius, M.D.; Catherine A. Marco, M.D.; Jill M. Baren, M.D.; Deepi G. Goyal, M.D.; Leon L. Haley, Jr., M.D.  
**Second row**: Michael S. Beeson, M.D.; Mary Nan S. Mallory, M.D.; Ramon W. Johnson, M.D.; Marianne Gausche-Hill, M.D.; Kerryann B. Broderick, M.D.; Wallace A. Carter, M.D.  
**Third row**: Samuel M. Keim, M.D.; Lewis S. Nelson, M.D.; Carl R. Chudnofsky, M.D.; Terry Kowalenko, M.D.; Robert P. Wahl, M.D.  
**Back row**: James D. Thomas, M.D.; Robert L. Muelleman, M.D.

# VOLUNTEERS

ABEM could not operate without its over 500 physician volunteers. Hundreds of examiners attend each of the spring and fall Oral Exam administrations. Sixty item writers produce new questions for multiple choice tests each year, for both Emergency Medicine certification and recertification exams, and subspecialty exams. Others volunteer on standard-setting committees, which involves reviewing each multiple choice question or oral exam case, rating its difficulty, and assessing its importance to the certification of emergency physicians. And there are other task forces and advisory groups that assist in the certification and recertification processes.

Each of these clinically active physicians donates their time and effort to help assure that anyone certified or recertified in Emergency Medicine or any of its subspecialties meets the high standards expected of our specialty. Thank you!

The names of all ABEM volunteers are available on the ABEM website.

**Pictured right:** oral examiners

**Pictured bottom left to right:** item writers, EMS Standard Setting Panel (caption at end of document)

**474** Oral Examiners

**60** Item Writers and Editors

**59** Standard Setting Panel Participants

**21** Subboards and Exam Committees

**26** Task Force, Advisory Groups, etc.

**19** Board of Directors



# ABEM-CERTIFIED PHYSICIANS

As of June 2018, there were 36,598 active ABEM-certified physicians. Of these, 2,001 (5.5%) held subspecialty certification. As Emergency Medicine matures, the number of residency-trained ABEM physicians rises; in 2017 nearly all (90%) were residency trained. A large majority (76%) practice in a community setting, while 57% are involved in teaching medical students and residents.



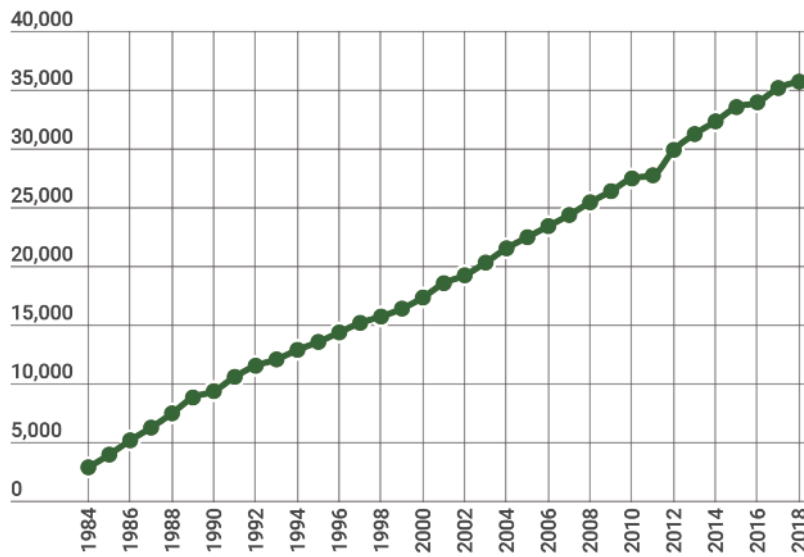
**36,598** active ABEM-certified physicians

**5.5%** held subspecialty certification

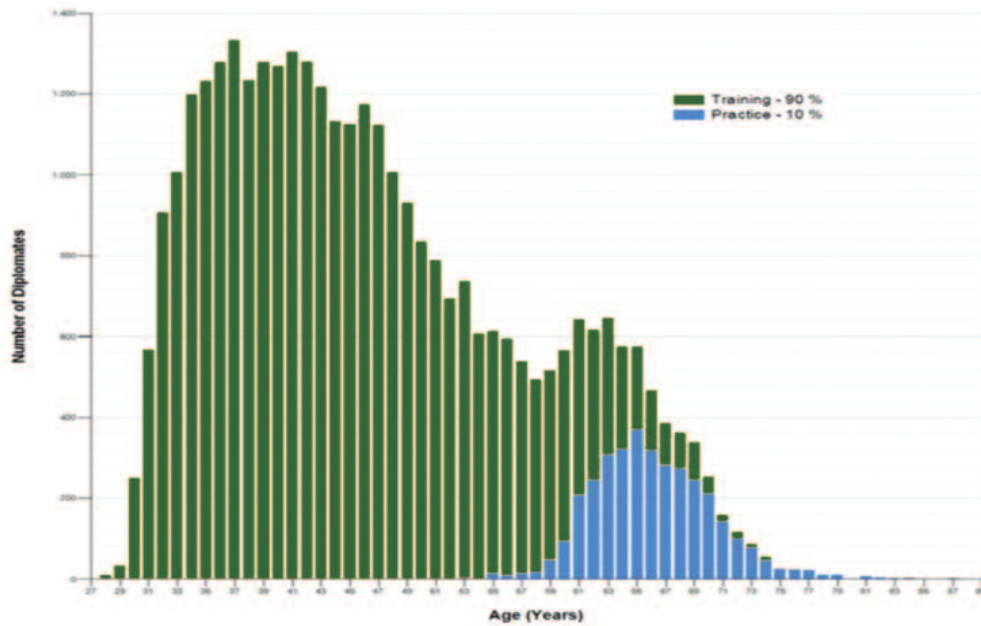
**91%** were residency trained



## Number of Active ABEM-certified Physicians



## Distribution by Age and Training



# EXAMINATION ACTIVITY

One way that ABEM achieves its mission, to ensure the highest standards in the specialty of Emergency Medicine, is through its testing and continuing certification activities. In 2017-2018, over 14,000 proctored examinations were administered, and over 24,000 LLSA tests were completed.

**2,215**  
took the Qualifying Exam



among first-time test takers

**1,952**  
took the Oral Certification Exam



among first-time test takers

**2,799**  
took the ConCert Exam



among ABEM-certified physicians

**7,536**  
took the In-training Exam

**1,818**  
Newly Certified Physicians  
**87**  
Regained Certification

Detailed, longitudinal statistics are available in the tables beginning on page 19, and on the ABEM website.

# MAINTENANCE OF CERTIFICATION

ABEM began rethinking ConCert in fall 2017 by asking a number of ABEM-certified physicians their opinions of the exam. Leaders of EM organizations, ACEP state chapters, and a survey sent to all ABEM-certified physicians helped guide the development of an alternative to the exam. The new assessment will be shorter, more frequent exams, composed of presentation-based content, and include the availability of some references. The pilot will begin in 2020. In the meantime, the current ConCert Exam will be offered twice per year—once in the spring and again in the fall—beginning in 2019. ABEM will provide additional information as it becomes available; the ABEM website is a great source for the most recent updates.

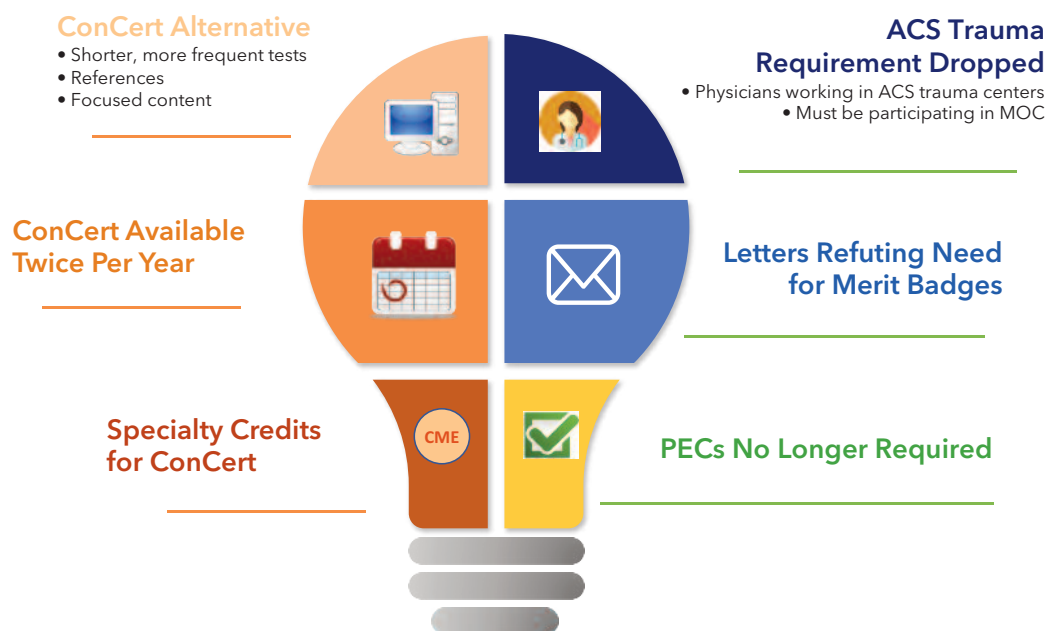
Other developments in 2017 that add value to ABEM certification included:

- The Coalition to Oppose Medical Merit Badges continued its work to leverage MOC

activities against mandatory completion of short courses or additional certifications; a letter was made available for ABEM-certified physicians to download and provide to hospital administrators

- The American College of Surgeons (ACS) ruled that ABEM-certified physicians participating in MOC and working in ACS-designated trauma centers no longer need to acquire trauma-related CME credits to fulfill ACS trauma center verification requirements. This change applies only to CME requirements housed under the ACS designation.
- The communications/professionalism requirement (PECS survey) was eliminated.
- Specialty-designated credits are now available with ConCert; for the 2017 exam, 9.5 credits are designated as pediatrics, 2.0 as stroke, and 10.25 as trauma.

## Innovation/Increasing Value



## Lifelong Learning and Self-Assessment

The Lifelong Learning and Self-Assessment (LLS) component of ABEM's MOC Program promotes continuous learning with two aspects: LLSA tests and CME requirements.



**24,282**

LLSA tests completed



**17,440**

LLSA CME activities completed

## Practice Improvement Measures

The Improvement in Medical Practice (IMP) component of ABEM's MOC Program focuses on practice-based learning and improvement in areas like patient care, communication, and more. Emergency physicians are committed to raising the quality of care for their patients by participating in practice improvement projects. Those who participate can get IMP credit for what they are already doing. Others can design a project that follows the four required steps: measuring, comparing to a standard, implementing an improvement, and re-measuring.

### 2017 Distinct Number of PI Attestations

1,267	Time-related (throughput time, ED length-of-stay, and other process time measures)
633	Stroke-related
554	Infectious Disease-related
399	Communication - Patient Care
575	Other
5,168	<b>Total PI Attestations</b>

# SUBSPECIALTY CERTIFICATION

There were 275 subspecialty certificates in seven subspecialties issued in 2017. The number of certificates per subspecialty ranged from 183 for Emergency Medical Services, to one for Pain Medicine.

ABEM-certified physicians also have access to subspecialty certification in Addiction Medicine, Brain Injury Medicine, Clinical Informatics, and Surgical Critical Care.

<b>Subspecialty</b>	<b>Certificates Issued in 2017</b>	<b>Total Active Subspecialists</b>
Emergency Medical Services	183	626
Medical Toxicology*	0	409
Pediatric Emergency Medicine	27	255
Sports Medicine	17	189
Internal Medicine-Critical Care Medicine	34	170
Undersea and Hyperbaric Medicine	2	157
Hospice and Palliative Medicine*	0	138
Anesthesiology-Critical Care Medicine	11	49
Pain Medicine	1	8
<b>Total</b>	<b>275</b>	<b>2,001</b>

\* Certification examination not offered in 2017. Data are for the 2017 calendar year.

# 2017-2018 HIGHLIGHTS

## Newly Elected Directors

The Board of Directors of the American Board of Emergency Medicine (ABEM) recently elected two new members: Felix K. Ankel, M.D., and Diane L. Gorgas, M.D. Their terms begin at the close of the summer 2018 Board of Directors meeting.



Felix K. Ankel, M.D.



Diane L. Gorgas, M.D.

## New Website

In spring 2018, ABEM launched a new public website ([www.abem.org](http://www.abem.org)). The look and feel have been refreshed and the navigation updated to

help users more easily locate information. We welcome your questions, comments, and suggestions, which can be shared with [communications@abem.org](mailto:communications@abem.org).



## Diplomate Recognitions

ABEM recognizes physicians who mark 30 years of being board certified in Emergency Medicine with a special certificate. This year's recipients included 649 physicians who had been board certified for 30 years as of December 31, 2017. A list of the 2018 recipients is posted on the ABEM website. Certificates are awarded annually to diplomates who achieve this milestone. ABEM applauds these physicians who have demonstrated a career-long commitment to excellence.



## 2017-19 ABEM NAM Fellow

The National Academy of Medicine recently named Mahshid Abir, M.D., M.Sc., the 2017-19 ABEM Fellow. Dr. Abir is an assistant professor in the Department of Emergency Medicine at the University of Michigan, and director of the acute care research unit at the Institute for Healthcare Policy & Innovation in Ann Arbor, Michigan.



**Mahshid Abir, M.D.**

## Coalition to Oppose Medical Merit Badges

The Coalition believes that board-certified emergency physicians who actively maintain their board certification should not be required to complete short-course certifications in, for example, advanced resuscitation, trauma care, stroke care, cardiovascular care, or pediatric care in order to obtain or maintain medical staff privileges to work in an emergency department.

ABEM-certified physicians can now download a letter of support that may be submitted to

hospital administrators to forego the mandatory completion of short courses or additional certifications often needed for hospital privileges. The letter is available from physicians' Personal Pages on the ABEM portal. Go to the following link for more information: [https://www.abem.org/public/news-events/news/2018/03/19/commb-letters\\_press-release](https://www.abem.org/public/news-events/news/2018/03/19/commb-letters_press-release).

# FINANCES

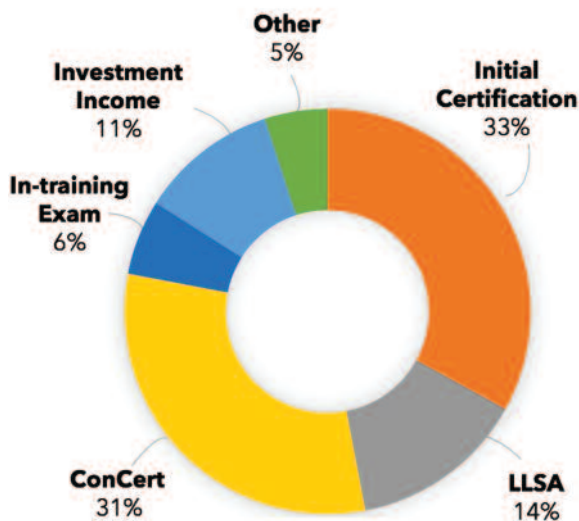
As reported on ABEM's 990, net revenue in 2017 totaled \$1,350,361, of which \$1,337,655 came from investment income, leaving net revenue from operations of \$12,696.

ABEM has been able to operate and **keep fees fixed** for the sixth consecutive year because of asset gains accumulated during the recent market expansion and realized gains from net assets.

Asset growth has allowed fees to remain fixed for six years.

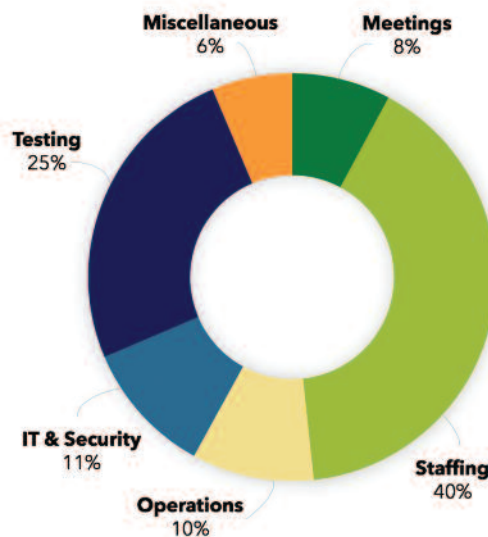
**Revenue by Category**

2017-2018\*



**Spending by Category**

2017-2018\*



\* Unaudited data



## Spending by Category



### Staffing: 40%

- Skilled professional staff (physicians, psychometricians, M.B.A.s, etc.)
- Staff supports all testing activities
- Supports physicians during initial certification and ongoing certification processes



### Testing: 25%

- Leader in physician assessment
- Constantly advancing and innovating
- Robust research and development
- Exams developed, administered, scored, and reported

## Change in Dow Closing Average and Investment Growth

ABEM assets largely the result of market growth since 2008



## Audited Statement of Financial Position

June 30, 2017

### Assets

Current assets	
Cash and cash equivalents	\$ 1,534,720
Accrued investment income	85,780
Investments	35,616,335
Prepaid expenses	101,411
Total current assets	37,338,246
Property, equipment, and software	8,575,537
Less: accumulated depreciation and amortization	(3,891,037)
Net property, equipment, and software	4,684,500
Other assets	
Deposits	37,000
<b>Total assets</b>	<b>\$ 42,059,746</b>

### Liabilities and Net Assets

Current liabilities	
Accounts payable	\$ 99,403
Accrued payroll	114,834
Accrued payroll tax	7,879
Deferred revenue	4,168,996
Current portion of capital lease payable	19,371
Current portion of note payable	667,841
Total current liabilities	5,078,324
Long-term liabilities	
Compensated absences	468,932
Capital lease payable, net of current portion	9,362
Note payable, net of current portion	964,376
Total long-term liabilities	1,442,670
Total liabilities	6,520,994
Net assets	
Unrestricted and undesignated	35,538,752
<b>Total liabilities and net assets</b>	<b>\$ 42,059,746</b>

**Revenues** **\$14,779,149**

### Expenses

Direct Certification Expense	\$6,100,024
Governance	1,757,777
International	15,183
Office administration	2,558,430
Outreach/liaison	1,214,183
Program development	959,560
Research	194,647
Subspecialties	618,848
Training/academic relations	833,229
Miscellaneous	50,415
<b>Total expenses</b>	<b>\$14,302,296</b>

**Change in net assets\*** **476,853**  
**Other income (expense)** **2,555,634**

Change in net assets 3,032,487  
 Net assets, at beginning of year \$32,506,265  
**Net assets, at end of year** **\$35,538,752**

\* Before other income and gains

# REPRESENTATIVES ON SUBBOARDS AND EXAMINATION COMMITTEES

## **EMS Examination Committee**

Debra G. Perina, M.D., Chair  
Jane H. Brice, M.D.  
Carol A. Cunningham, M.D.  
Theodore R. Delbridge, M.D.  
Alexander P. Isakov, M.D.  
Douglas F. Kupas, M.D.  
Vincent N. Mosesso, Jr., M.D.  
Peter T. Pons, M.D.,  
Kathy J. Rinnert, M.D.  
Ritu Sahni, M.D.  
Marianne Gausche-Hill, M.D., ABEM Liaison



## **Medical Toxicology Subboard**

Theodore C. Bania, M.D.  
Sean M. Bryant, M.D.  
Robert G. Hendrickson, M.D.  
Michael G. Holland, M.D.  
Joshua G. Schier, M.D.  
Lewis S. Nelson, M.D., ABEM Liaison



## **Pediatric Emergency Medicine Subboard**

Robert L. Cloutier, M.D.  
Timothy Horeczko, M.D.  
Paul T. Ishimine, M.D.  
Stacy L. Reynolds, M.D.  
Larry B. Mellick, M.D.  
Ramon W. Johnson, M.D.

## **Sports Medicine Examination Committee**

Moria Davenport, M.D.  
Andrew P. Perron, M.D.

## **Undersea and Hyperbaric Medicine Examination Committee**

Charles S. Graffeo, M.D.  
Tracy L. LeGros, M.D.

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# SENIOR DIRECTORS

## Thank you for your legacy and contributions to the specialty of Emergency Medicine.

Gail V. Anderson, Sr., M.D. 1976-1989  
Walter R. Anyan, Jr., M.D. 1995-2003  
William G. Barsan, M.D. 1993-2001  
Carol D. Berkowitz, M.D. 2003-2006  
Howard A. Bessen, M.D. 2002-2010  
Michael D. Bishop, M.D. 1988-1996  
Brooks F. Bock, M.D. 1995-2004  
G. Richard Braen, M.D. 1988-1996  
Glenn D. Braunstein, M.D. 2002-2006  
Dick D. Briggs, Jr., M.D. 1994-2002  
Paul D. Bruns, M.D. 1980-1983  
Joseph E. Clinton, M.D. 1986-1994  
Robert E. Collier, M.D. 2004-2012  
Lily C. A. Conrad, M.D. 2002-2010  
Francis L. Counselman, M.D. 2008-2016  
Rita Kay Cydulka, M.D. 2002-2010  
Robert H. Dailey, M.D. 1976-1982  
Daniel F. Danzl, M.D. 1991-1999  
Steven J. Davidson, M.D. 1986-1995  
John H. Davis, M.D. 1979-1984  
Richard E. Dean, M.D. 1991-1994  
James J. Dineen, M.D. 1976-1980  
Frank A. Disney, M.D. 1979-1980  
Lynnette Doan-Wiggins, M.D. 1999-2008  
E. John Gallagher, M.D. 1995-2003  
Joel M. Geiderman, M.D. 2003-2011  
William E. Gotthold, M.D. 1994-2003  
Jeffrey G. Graff, M.D. 1996-2005  
Harris B. Graves, M.D. 1980-1987  
R. R. Hannas, Jr., M.D. 1976-1988  
Gerald B. Healy, M.D. 1988-1992  
Robert S. Hockberger, M.D. 1995-2004  
Gwendolyn L. Hoffman, M.D. 1994-2003  
Leonard D. Hudson, M.D. 1990-1994  
Bruce D. Janiak, M.D. 1986-1995  
Carl Jelenko, III, M.D. 1976-1980  
James H. Jones, M.D. 2005-2015  
R. Scott Jones, M.D. 1988-1991  
Allen P. Klippel, M.D. 1976-1982  
Robert K. Knopp, M.D. 1988-1993  
David A. Kramer, M.D. 2009-2013  
Ronald L. Krome, M.D. 1976-1988  
Jo Ellen Linder, M.D. 2004-2012  
Louis J. Ling, M.D. 1997-2007  
Mark A. Malangoni, M.D. 1998-2002  
Vincent J. Markovchick, M.D. 1994-2002  
M. J. Martin, M.D. 1990-1994, 1996-1998  
John B. McCabe, M.D. 1996-2006  
Henry D. McIntosh, M.D. 1979-1986  
W. Kendall McNabney, M.D. 1982-1986  
Harvey W. Meislin, M.D. 1986-1994  
J. Mark Meredith, M.D. 2004-2012  
Sheldon I. Miller, M.D. 1999-2006  
James D. Mills, M.D. 1976-1988  
John C. Moorhead, M.D. 2004-2014  
John F. Murray, M.D. 1986-1989  
Robert C. Neerhout, M.D. 1986-1994  
Richard N. Nelson, M.D. 2004-2013  
Michael S. Nussbaum, M.D. 2002-2006  
Thomas K. Oliver, Jr., M.D. 1980-1981  
Debra G. Perina, M.D. 2003-2011  
Nicholas J. Pisacano, M.D. 1979-1986  
Roy M. Pitkin, M.D. 1990-1998  
George Podgorny, M.D. 1976-1988  
Peter T. Pons, M.D. 1996-2004  
J. David Richardson, M.D. 1994-1998  
Leonard M. Riggs, Jr., M.D. 1981-1986  
Frank N. Ritter, M.D. 1979-1988  
Peter Rosen, M.D. 1976-1986  
Robert J. Rothstein, M.D. 1996-2004  
Douglas A. Rund, M.D. 1988-1997  
Earl Schwartz, M.D. 1994-2002  
Richard I. Shader, M.D. 1980-1990  
Roger T. Sherman, M.D. 1984-1988  
Rebecca Smith-Coggins, M.D. 2007-2015  
Mark T. Steele, M.D. 2003-2012  
Richard M. Steinhilber, M.D. 1979-1980  
Richard L. Stennes, M.D. 1988-1996  
Robert W. Strauss, M.D. 2007-2015  
Henry A. Thiede, M.D. 1979-1980, 1984-1990  
Harold A. Thomas, M.D. 2001-2010  
Judith E. Tintinalli, M.D. 1982-1991  
Robert Ulstrom, M.D. 1982-1986  
Michael V. Vance, M.D. 1986-1995  
David K. Wagner, M.D. 1976-1988  
Edward E. Wallach, M.D. 1998-2006  
Gerald P. Whelan, M.D. 1988-1998  
John G. Wiegenstein, M.D. 1976-1986

# EXAMINATION STATISTICS

## Certification

Date	App's Rec'd	Qualifying Examination						Oral Certification Examination					
		EM Residency-eligible First-time Takers			Total Candidates <sup>3</sup>			EM Residency-eligible First-time Takers			Total Candidates <sup>3</sup>		
		# Took	# Pass	% Pass	# Took	# Pass	% Pass	# Took	# Pass	% Pass	# Took	# Pass	% Pass
1980 and prior	1,875	-	-	-	1,496	998	67	-	-	-	399	248	62
1981	1,035	-	-	-	1,142	825	72	-	-	-	548	356	65
1982	1,149	-	-	-	1,254	869	69	-	-	-	998	571	57
1983	1,242	-	-	-	1,335	885	66	-	-	-	1,293	766	59
1984	1,399	-	-	-	1,694	1,108	65	-	-	-	1,339	912	68
1985	1,600	-	-	-	2,016	1,274	63	-	-	-	1,066	801	75
1986	1,709	-	-	-	2,147	1,124	52	-	-	-	1,425	993	70
1987	1,977	-	-	-	2,479	1,429	58	-	-	-	1,503	1,192	79
1988	2,915	-	-	-	2,607	1,375	53	-	-	-	1,602	1,227	77
1989	886	Postponed to 5/30/90						-	-	-	1,627	1,266	78
1990	1,069	-	-	-	3,446	1,953	57	-	-	-	1,350	1,059	78
1991	624	-	-	-	1,510	853	56	-	-	-	1,464	1,185	81
1992	742	-	-	-	1,396	820	59	-	-	-	1,446	1,146	79
1993	964	-	-	-	1,281	822	64	-	-	-	977	753	76
1994	785	-	-	-	1,329	781	59	-	-	-	1,095	894	82
1995 <sup>1</sup>	847	753	664	88	1,249	769	62	692	669	97	1,028	890	87
1996	860	839	756	90	1,290	899	70	703	658	94	968	808	84
1997	943	920	811	89	1,335	903	68	795	711	89	934	795	85
1998	1,005	1,003	909	91	1,426	1,036	73	864	788	91	1,059	895	85
1999	1,099	1,092	972	89	1,457	1,053	72	988	851	86	1,083	901	83
2000	1,108	1,087	985	91	1,488	1,085	73	1,040	957	92	1,272	1,124	88
2001	1,173	1,155	1,026	89	1,471	1,135	77	1,064	1,000	94	1,257	1,133	90
2002	1,171	1,176	1,057	90	1,516	1,181	78	1,142	1,040	91	1,291	1,140	88
2003	1,198	1,179	1,092	93	1,496	1,205	81	1,158	1,058	91	1,278	1,140	89
2004	1,256	1,242	1,099	88	1,490	1,188	80	1,204	1,142	95	1,335	1,237	93
2005	1,299	1,287	1,164	90	1,593	1,283	81	1,197	1,132	95	1,325	1,233	93
2006	1,329	1,302	1,200	92	1,606	1,344	84	1,239	1,166	94	1,289	1,204	93
2007	1,411	1,408	1,267	90	1,645	1,363	83	1,328	1,254	94	1,431	1,340	94
2008	1,387	1,366	1,246	91	1,638	1,371	84	1,357	1,288	95	1,434	1,353	94
2009	1,448	1,430	1,295	91	1,717	1,429	83	1,408	1,337	95	1,484	1,397	94
2010	1,517	1,519	1,381	91	1,779	1,515	85	1,416	1,335	94	1,470	1,378	94
2011	1,584	1,560	1,417	91	1,827	1,540	84	1,534	1,487	97	1,665	1,603	96
2012	1,612	1,615	1,511	94	1,898	1,653	87	1,548	1,515	98	1,643	1,599	97
2013	1,711	1,704	1,520	89	1,952	1,617	83	1,704	1,675	98	1,712	1,678	98
2014	1,739	1,709	1,536	90	2,028	1,676	83	1,620	1,559	96	1,638	1,571	96
2015	1,811	1,807	1,639	91	2,118	1,788	84	1,684	1,648	98	1,729	1,682	97
2016	1,867	1,853	1,732	93	2,129	1,893	89	1,765	1,722	98	1,827	1,778	97
2017	1,986	1,975	1,834	93	2,215	1,961	89	1,894	1,818	96	1,952	1,868	96
<b>Total</b>	<b>51,332</b>	<b>30,981</b>	<b>28,113</b>	<b>91<sup>2</sup></b>	<b>63,495</b>	<b>46,003</b>	<b>72<sup>2</sup></b>	<b>29,344</b>	<b>27,810</b>	<b>95<sup>2</sup></b>	<b>50,236</b>	<b>43,116</b>	<b>86<sup>2</sup></b>

<sup>1</sup> 1995 was the first year that a reference group of EM residency-eligible, first-time test takers was used to construct the written certification examination, now known as the qualifying examination.

<sup>2</sup> Number indicates the percent of the total that passed.

<sup>3</sup> Candidates do not include former diplomates attempting to regain certification through the qualifying and/or oral examination.

## Subspecialty Certification

Year	ACCM	EMS	HPM	IM-CCM	Med Tox	Pain	Ped EM	SPM	UHM	Total
1993							38	8		46
1994							23	0		69
1995					51		0	12		134
1996					0		0	0		132
1997					32		39	8		213
1998					0		0	0		213
1999					42		20	8		283
2000					24		0	0		307
2001					0		23	4	7	341
2002					30		0	2	7	380
2003					0		12	2	11	405
2004					30		19	3	42	499
2005					0		0	3	17	519
2006					39		10	12	7	587
2007					0		0	5	6	598
2008			12		31		0	12	12	665
2009			0		0	1	19	9	21	715
2010			23		39	2	0	13	38	830
2011			0		0		26	14	15	885
2012			60	25	38	1	0	11	5	1,024
2013		225	0	19	0	2	35	16	5	1,326
2014	12	0	20	25	48	0	0	14	4	1,449
2015	9	220	0	28	0	1	30	16	3	1,756
2016	17	0	32	40	53	0	0	26	6	1,930
2017	11	183	0	34	0	1	27	17	2	2,205
<b>Total Certificates Issued</b>	<b>49</b>	<b>628</b>	<b>146</b>	<b>171</b>	<b>459</b>	<b>8</b>	<b>321</b>	<b>215</b>	<b>208</b>	<b>2,205</b>
<b>Total Active Diplomates</b>	<b>49</b>	<b>626</b>	<b>138</b>	<b>170</b>	<b>409</b>	<b>8</b>	<b>255</b>	<b>189</b>	<b>157</b>	<b>2,001</b>

ACCM: Anesthesiology Critical Care Medicine  
 EMS: Emergency Medical Services  
 HPM: Hospice and Palliative Medicine  
 IM-CCM: Internal Medicine - Critical Care Medicine  
 MedTox: Medical Toxicology

Pain: Pain Medicine  
 PedEM: Pediatric Emergency Medicine  
 SPM: Sports Medicine  
 UHM: Undersea and Hyperbaric Medicine

Statistics are reported by calendar year.

## ConCert™ Examination

Year	Diplomates			Former Diplomates		
	# Took	# Pass	% Pass	# Took	# Pass	% Pass
2004	1,264	1,169	92	127	60	47
2005	1,407	1,295	92	157	92	59
2006	1,367	1,296	95	206	129	63
2007	1,569	1,483	95	135	81	60
2008	1,778	1,687	95	138	104	75
2009	1,657	1,576	95	119	82	69
2010	1,955	1,897	97	121	94	78
2011	2,022	1,943	96	147	99	67
2012	1,762	1,681	95	154	100	65
2013	1,971	1,895	96	189	132	70
2014	2,391	2,335	98	61	19	31
2015	2,503	2,412	96	124	74	60
2016	2,582	2,478	96	136	78	57
2017	2,653	2,535	96	146	79	54
<b>Total</b>	<b>26,881</b>	<b>25,682</b>	<b>96<sup>1</sup></b>	<b>1,814</b>	<b>1,306</b>	<b>64<sup>1</sup></b>

<sup>1</sup> Number indicates the percent of the total who passed.

Statistics are reported by calendar year. The statistics accurately reflect the examinations administered during the designated periods, and all examination data are included. Candidates who took more than one examination are included more than once.

**Total number of active diplomates on 12/31/2017 was 36,166.**

**Page 5, EMS Standard Setting Panel:** Michael W. Dailey, M.D.; Francis X. Guyette, M.D.; Sean W. Marquis, M.D.; Ross E. Megargel, D.O.; Juan A. March, M.D.; Peter T. Pons, M.D. (exam co-editor); Douglas F. Kupas, M.D. (exam committee member); Gerard DeMers, D.O.; Josef Schenker, M.D.; Andrew M. McCoy, M.D.; Wendy J. Wilcoxson, D.O.; Buddy G. Kozen, M.D.; Jocelyn M. DeGuzman, M.D.; Joanna L. Adams, M.D.; Rachel E. Semmons, M.D.; Mohamud R. Daya, M.D.; Daniel S. Schwartz, M.D.; Katie L. Tataris, M.D.; Heidi J. Lako-Adamson, M.D.; Marilyn McLeod, M.D.

**Page 17, EMS Examination Committee:** Standing, left to right: Vincent N. Mosesso, Jr., M.D.; Douglas F. Kupas, M.D.; Peter T. Pons, M.D.; Theodore R. Delbridge, M.D.; Alexander P. Isakov, M.D.; Carol A. Cunningham, M.D.; and ABEM Liaison Marianne Gausche-Hill, M.D. Seated, left to right: Debra G. Perina, M.D.; Kathy J. Rinnart, M.D.; Ritu Sahni, M.D. Not pictured: Jane H. Brice, M.D.

**Page 17, Medical Toxicology Subboard:** Standing, left to right: Christopher J. Ondrula, J.D. (ABPM Executive Director); Theodore C. Bania, M.D.; Sean M. Bryant, M.D.; Michael G. Holland, M.D.; Daniel L. Sudakin, M.D.; Benson S. Munger, Ph.D. (ABPM Liaison); Lewis S. Nelson, M.D. (ABEM Liaison). Seated left to right: Daniel A. Goldstein, M.D.; Joshua G. Schier, M.D.; and Michele Burns, M.D. Not pictured: Carl R. Baum, M.D.; Diane P. Calello, M.D.; Michael I. Greenberg, M.D.; Robert G. Hendrickson, M.D.; and Gail A. McGuinness, M.D. (ABP Liaison).



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