

# Frequently Asked Questions: AABIP IP Board Exam Recertification



## 1. Why do we want to go to ABIM? What do we gain? What not to keep it within the AABIP?

*Moving forward, the AABIP will support its members through education, advocacy, and the promotion of research. High- stakes examinations (i.e. IP Board examination) should be done by other organizations with more expertise, resources and long standing experience with assessments. We gain more credibility from the public and the medical profession when a well-recognized outside organization takes over our board certification rather than self-regulating our own testing. The ABIM has the resources and will assure impartiality, assessment expertise and flexibility in testing methods.*

*Remarks:*

- 1.1.1. Studies have shown that board certification from a well-recognized Board is important to patients. There is also evidence that physician competence does not necessarily increase with time and without a recertification exam, there is not a way to assess competence and knowledge of up-to-date treatments.*
- 1.1.2. As the AABIP organization grows, it may become unsustainable for exam writing and validation to continue with volunteer labor and financial limitations.*
- 1.1.3. In the survey of AABIP membership, many members indicated that they would prefer a longitudinal assessment program with feedback for learning not only the once every ten-year exam. The AABIP cannot currently afford and does not have the bandwidth for such longitudinal testing options but the ABIM does.*

## 2. Suggestion of surveying members or opening up to voting members – to go ABIM or not?

*Operational decisions are taken by the Board of Directors (BOD), a diverse group of leaders elected in a transparent and democratic process by the membership. The BOD represents membership and per Bylaws, is responsible for all affairs of this association. In addition to credibility, the plan to transition IP Board certification to ABIM is an operational one to assure sustainability.*

*Remark: Our mission is to make a positive difference, for which we need credibility. Earning credibility is a two-step process. First, establish competence which gains people's trust. The second step is to gain other people's recognition and approval for that particular competence. We need trust and approval to be credible. In these regards, we are transitioning the IP Fellowships accreditation from AABIP to ACGME- assuring training credibility. Examination credibility means transitioning high stakes exams to assessment organizations with expertise, long standing experience, and resources.*

**3. Please explain the change in procedural eligibility for recertification compared to the original 2014 practice pathway.**

*The practice pathway and recertification are two distinct ways of becoming IP Board certified. To be inclusive, the practice pathway was reopened for a limited time (2023 and 2024) option for IP providers who practiced/trained before the development of IP fellowship accreditation. Recertification occurred after the fellowship accreditation process was completed, so the procedural requirements for recertification reflect only procedures that are required in AABIP/AIPPD accredited fellowships. When AABIP opened the practice pathway (PP) again this year, it maintained the same criteria it had for the initial PP.*

**4. There are many concern about ABIM. Questionable business practices? Do their exams with pass rates >90% actually gate-keep good medicine? how?**

*ABIM has testing expertise, long standing history of assessments for many medicine specialties and subspecialties. If there are questions about the ethics of their personnel or practices, it is best to contact the ABIM as the AABIP is not in a position to answer these concerns and what has been done to remedy them.*

*Board exams reflect competence not excellence. A minimally competent physician should be able to pass, so 90% is not an unusually high passing rate in the medical field where training programs are supposed to be standardized. In addition, surveys have shown that the process of preparing for ABIM MOC exams leads to improved knowledge, less unnecessary testing, and greater confidence in educating patients and fellow physicians. There is also an educational principle that testing can enhance learning and retention of knowledge.*

**5. If you recertify via AABIP because their initial diplomat is expiring, will they have to redo the test once ABIM takes over? Can we extend AABIP certification until ABIM issue is settled?**

*It is highly recommended to recertify under the AABIP because it will be unlikely that the ABIM will have another practice pathway. That was part of the reason to re-open the practice pathway. If one waits for ABIM to take over the IP board certification before recertifying, they may not be allowed to sit for the new board exam. In addition, we don't know when and if ABIM will take over the IP Board certification and recertification process. Even if ABIM accepts our application in the next couple of years, it may take another two years after that for the ABMS to accept the application.*

**6. What are the ABIM criteria for recertification?**

*ABIM always requires passing a board exam. Most likely, physicians interested in obtaining recertification will also need to have completed an accredited fellowship or be board certified under the AABIP.*

**7. Would there be advanced proceduralist pathway again?**

*Certificates of added qualification in Advanced Bronchoscopy and in other specific procedures will remain with the AABIP but that pathway is fundamentally distinct from a board certification.*

**8. IP fellowship/training pathway for non-US trained/certified pulmonologists**

*That would be decided by ABIM which requires training in an accredited U.S. fellowship. Of note, AABIP-AIPPD joint Accreditation Committee also requires all candidates (US and non-US) to have trained at an AABIP-AIPPD accredited IP fellowship for initial certification. For the AABIP Practice Pathway, applicants should have completed training in Pulmonary Medicine, Pulmonary and Critical Care Medicine, or Thoracic Surgery from an accredited program in the United States or Canada.*

**9. Are there any new technologies or techniques in Interventional Pulmonology that are likely to impact board certification and recertification?**

*Currently, none of the new technologies are impacting board certification. It is possible that in the future, other technologies will be added - but we will wait for mature data, and routine incorporation in IP practice.*

**10. For IP that have graduated from an unaccredited IP program, is there any opportunities for them to become board eligible.**

*This is highly unlikely through the existing pathways. Accreditation of IP fellowship programs aims at ensuring good quality and standards in training and teaching. IP fellowship programs who do not meet those basic standard criteria will not likely be able to have their fellows sit for IP boards.*

**11. How was it decided that certain procedures were acceptable or not acceptable for certification?**

*This was decided via a transparent process through the Certification committee and BOD discussions and approval. Based on the Accreditation Standards that have been endorsed by five organizations (Mullon JJ, Burkart KM, Silvestri G, et al Interventional Pulmonology Fellowship Accreditation Standards: Executive Summary of the Multisociety Interventional Pulmonology Fellowship Accreditation Committee. Chest. 2017 May;151(5):1114-1121). Acceptable procedures are those that are required in the published standards while optional procedures (e.g., percutaneous tracheostomy, PEG, or BLVR) are not acceptable for recertification at this time.*

**12. If I perform a significant number of IP cases, will I still need to do a repeat of the IP boards?**

*Performing a large volume of procedures is to be commended but it does not, however, reflect on a practitioner's fund of knowledge, degree of competency or the quality of care they deliver, nor does it guarantee better outcomes. IP Board certification is one way of validating and documenting minimum competency.*

*Remark: IP Board certification and recertification are voluntary processes. Physicians could choose not be IP Board certified if they do not believe this adds value to their patient care, local practice, or self-improvement.*

**13. MOC fees from ABIM are also causing unhappiness.**

*We suggest to reach out to ABIM to answer this question but we know that the rigorous process of developing and implementing MOC is costly.*

**14. Are we requiring fees for recertification prior to ABIM certification?**

*Yes, to pay for exam validation, testing, and psychometrics. We are working hard with our testing organization to decrease those costs to the lowest degree possible, but the costs may be relatively sizeable as is the case with all other board exams preparations.*

**15. Are we considering using the National Board of Physicians and Surgeons (NBPAS) as a path to recertification?**

*Currently, we are not planning to endorse this Board. Unlike the ABMS which governs the ABIM, to the best of our knowledge, the NBPAS does not have a process for defining specialty specific standards for knowledge. The rigor of its certification process has been called into question as it does not offer an external assessment of knowledge and skills. Physicians may recertify with this Board, but it is possible that local institutions may only accept ABIM and not NBPAS certification.*