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July 22, 2014

Stephen R. Hammes, M.D., Ph.D.
Chief, Division of Endocrinology and Metabolism,
Dept. of Medicine
University of Rochester School of Medicine and Dentistry
Box 693, 601 Elmwood Ave.
Rochester, NY 14642

Dear Dr. Hammes:

I am writing to you on behalf of the American Board of Internal Medicine Specialty Board in Endocrinology, Diabetes, and Metabolism. I want to inform you and seek your members' comments about important changes in the Board plans to define and document procedural competency as additional eligibility criteria for initial certification in endocrinology.

The Board believes that endocrinology fellowship training programs directors are best positioned to assess these procedural competencies, but that they and their faculties need more specific guidance in fulfilling this responsibility. To advance this process, the Endocrinology Board has collaborated with the Procedure Task Force of the Association of Program Directors in Endocrinology and Metabolism (APDEM), which recently proposed uniform standards of procedural competency for endocrine fellowship training programs in three areas: thyroid ultrasound and aspiration biopsy, management of insulin pumps and continuous glucose monitoring, and interpretation of skeletal dual photon absorptiometry. Please see the commentary (included with this letter) authored by Drs. Paul Ladenson (Endocrinology Board member), Ashok Balasubramanyam (Past President, APDEM), Ann Danoff (President, APDEM), and Shally Bhasin (Past Chair, Endocrinology Board) and recently published in the Journal of Clinical Endocrinology and Metabolism.

The APDEM Task Force recommended both qualitative benchmarks that a trainee should satisfy to attain the components of experience and quantitative requirements for the number of procedures to have been performed competently under the observation of a faculty member with considerable experience and ongoing practice in the procedure. With regard to these quantitative recommendations, the Task Force specified that procedure numbers refer to procedures documented to have been competently performed, rather than the number needed to reach competency.

Using these criteria as a starting point, the Endocrinology Board now plans to seek additional input from stakeholders in professional societies, health care delivery systems, and training programs. Specifically, we seek your society and your members' comments about the proposed procedural competency criteria. We ask that you consider referring these to the relevant training and clinical practice committees in your organization. We also offer to have a representative of the Board to make a presentation to your members and answer questions at your upcoming committee meetings.

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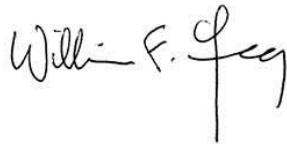
Christine A. Sinsky, MD

There is no current plan to offer supplementary certifications in specific procedures, as has been done in some other specialties; and there is no plan to incorporate procedural competency criteria in the Maintenance of Certification (MOC) process. The Endocrinology Board plans the design and implementation of these new criteria to be collaborative with stakeholders, such as your society. By providing rigorous criteria for procedural competence, we will promote continuity in patient-centered care and help ensure that privileges to prescribe, perform, and be reimbursed for these procedures are maintained by endocrinologists.

We ask that you forward this letter, the published commentary, and the attached Endocrinology Procedural Competency Table (for comments and suggestions) to the relevant training and clinical practice committees in your organization. Please send feedback on these draft criteria to Ms. Anamika Gavhane (AGavhane@abim.org) **on or before October 20, 2014**. Please also let Ms. Gavhane know whether you wish to invite a representative of the Board to make a presentation at your relevant society committee meetings.

We look forward to your feedback.

Sincerely,



William F. Young, Jr., MD, MSc
Chair, ABIM Subspecialty Board in Endocrinology, Diabetes, and Metabolism