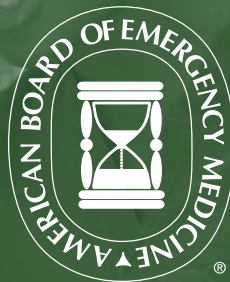


AMERICAN BOARD OF EMERGENCY MEDICINE

ANNUAL REPORT



2018-2019

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



ABEM'S PURPOSES¹

- 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

¹ABEM 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

Be stubborn about your goals, and flexible about your methods.

~ Author Unknown

Evolution

Making certification and recertification more relevant has always been a focus of ABEM's efforts to maintain the highest standards in Emergency Medicine (EM). The evolution of continuous certification has been at the forefront of these activities:

- The ConCert Exam had its first spring administration in 2019
- In spring 2020, an online reference will be available to test takers

ABEM-certified physicians were seeking an alternative to the ConCert Exam, an assessment that would help them become better doctors, without being burdensome, and maintaining the high standard set by ABEM. What resulted was MyEMCert, which consists of online, content-based modules. Development of MyEMCert has progressed at a rapid pace. Decisions about the assessment made this year include:

- Physicians with certification ending in 2022 or later can maintain certification using MyEMCert



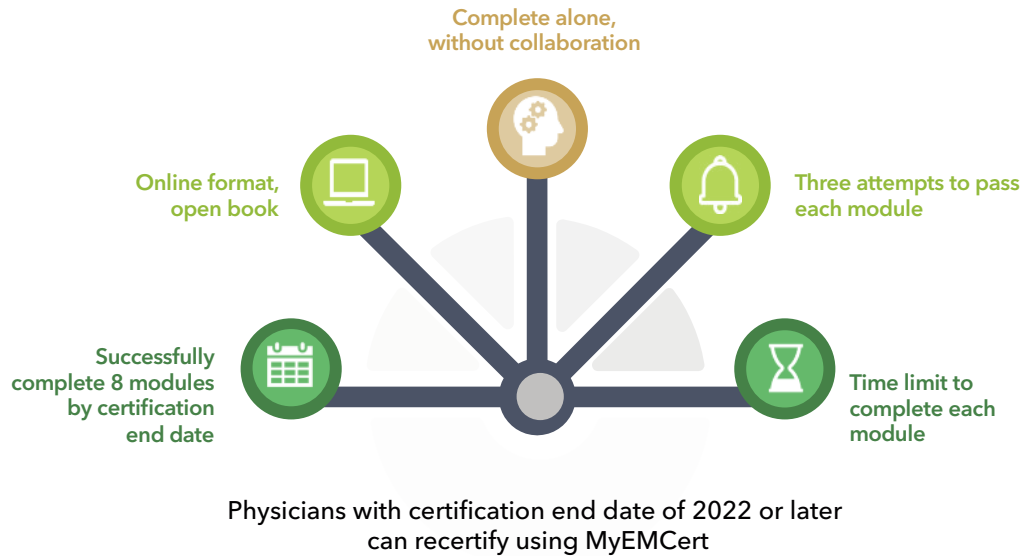
Robert L. Muelleman, M.D.

- Eight modules required by certification end date
- Online format, taken remotely
- No collaboration
- Three attempts to pass each module

ABEM-certified, clinically active volunteers are developing scenarios and writing questions that will be included in the assessment. A pilot will take place in 2020, and if successful, MyEMCert will launch in 2021. I applaud directors and volunteers who are working so intensely to develop this unique assessment.

Another change to continuing certification requirements included dropping the need to attest to CME credits. ABEM recognized this requirement overlapped other activities.

MyEMCert



Added Opportunities

Two additional certification opportunities were approved this year: Neurocritical Care and a Focused Practice Designation in Advanced Emergency Medicine Ultrasonography (see page 13 for details).

Gratitude

I would like to thank my fellow directors; without their incredible vision and hard work, the strides made this year would have been impossible.

A huge debt of gratitude goes to the hundreds of emergency physicians who volunteer their time—as oral examiners, question writers, subspecialty representatives, standard setting panel members, and more.

You willingly take time from your busy clinical practices to produce and administer ABEM examinations; we could not accomplish this without your dedication.

The strides made in the last year have been phenomenal, and we could not have done it without the incredible work ethic displayed by the ABEM staff. Their efforts are extraordinary.

I would especially like to thank all the ABEM-certified physicians, whose tireless work, constant compassion, and endless devotion to their patients and the specialty have made Emergency Medicine what it is today: a leader in the house of medicine.

LEADERSHIP

Board of Directors

Executive Committee

Robert L. Muelleman, M.D., *President*
Jill M. Baren, M.D., *President-Elect*
Terry Kowalenko, M.D., *Immediate-Past-President*
O. John Ma, M.D., *Secretary-Treasurer*
Michael S. Beeson, M.D., *Member-at-Large*
Robert P. Wahl, M.D., *Senior-Member-at-Large*

Directors

Felix K. Ankel, M.D.
Kerryann B. Broderick, M.D.
Wallace A. Carter, M.D.
Carl R. Chudnofsky, M.D.
Marianne Gausche-Hill, M.D.
Diane L. Gorgas, 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.
Lewis S. Nelson, M.D.
James D. Thomas, M.D.

Executive Staff

Earl J. Reisdorff, M.D., *Executive Director*
Melissa A. Barton, M.D., *Director of Medical Affairs*
Kathleen C. Ruff, M.B.A., *Chief Administrative Officer*
Susan K. Adsit, *Associate Executive Director, Organizational Services*
Timothy J. Dalton, *Associate Executive Director, Evaluation and Research*
Jennifer L. Kurzynowski, *Associate Executive Director, Operations*
Angela J. McGoff, *Associate Executive Director, Certification Services*
Michele C. Miller, *Associate Executive Director, Systems and Technology*



Front row, left to right: Diane L. Gorgas, M.D.; Robert L. Muelleman, M.D.; Marianne Gausche-Hill, M.D.; Michael S. Beeson, M.D.; Kerryann B. Broderick, M.D.

Back row: Felix K. Ankel, M.D.; Ramon W. Johnson, M.D.; Carl R. Chudnofsky, M.D.; Wallace A. Carter, M.D.; Terry Kowalenko, M.D.; Jill M. Baren, M.D.; Lewis S. Nelson, M.D.; James D. Thomas, M.D.; Samuel M. Keim, M.D.; Mary Nan S. Mallory, M.D.; Robert P. Wahl, M.D.; O. John Ma, M.D.; Leon L. Haley, Jr., M.D.; Deepi G. Goyal, M.D.

ABEM-CERTIFIED PHYSICIANS

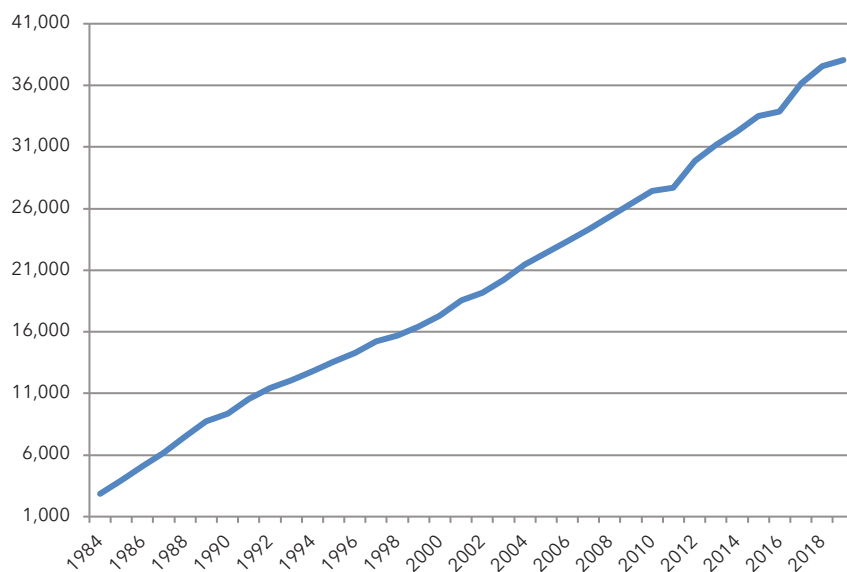
38,052 current ABEM-certified physicians
(4% increase from 2018)

6.4% hold subspecialty certification (2,433)

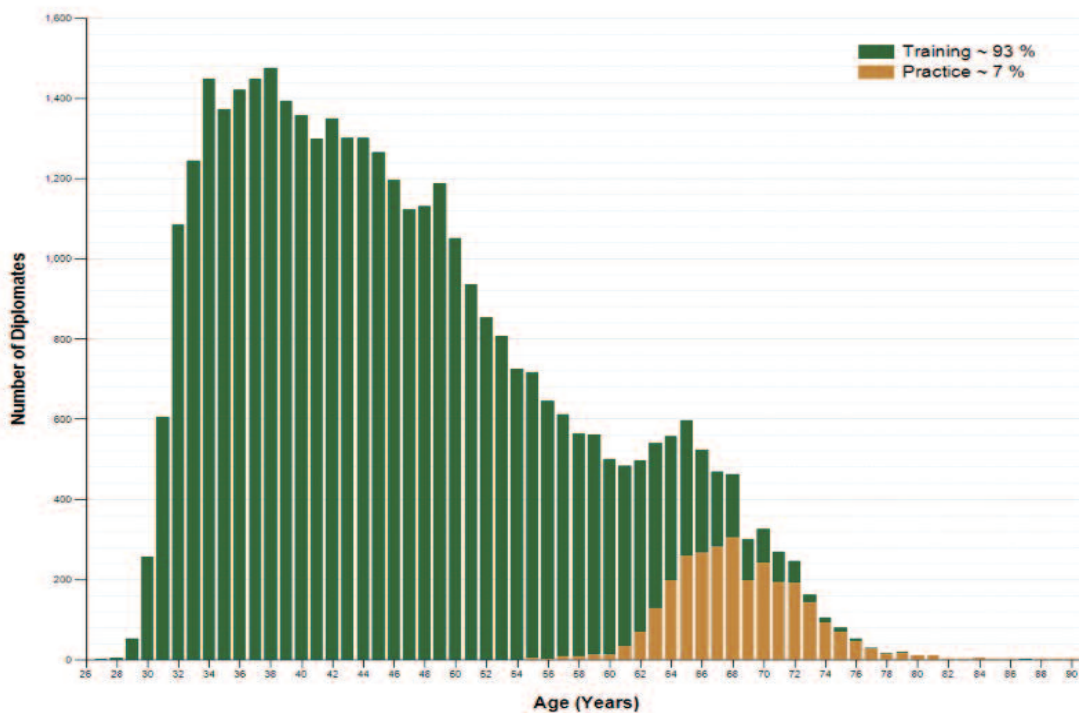
92.5% are residency trained

Data as of June 2019

Number of Current ABEM-certified Physicians

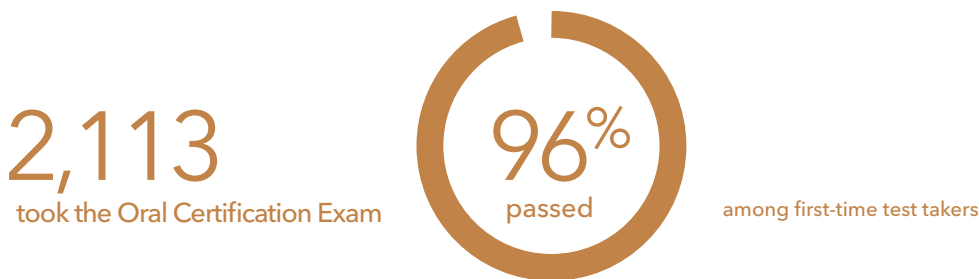


Distribution of ABEM-certified Physicians by Age and Training



EXAMINATION ACTIVITY

In 2018-2019, nearly 16,000 proctored examinations were administered, and over 24,000 LLSA tests were completed.



Detailed, longitudinal statistics are available in the tables beginning on page 18, and on the ABEM website.

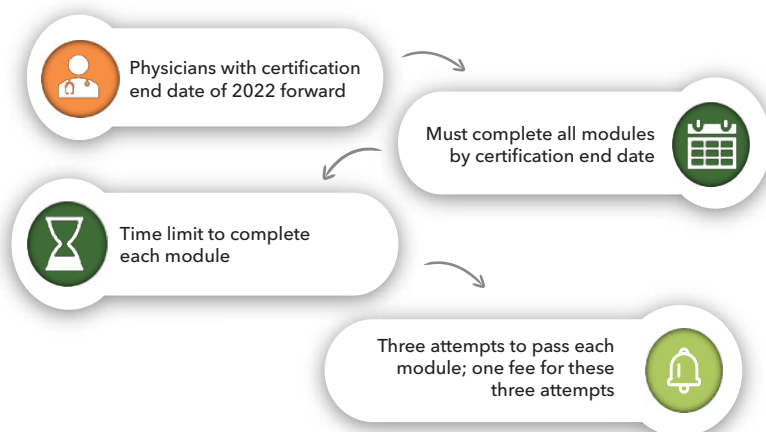
STAYING CERTIFIED

The purpose of continuing certification is to maintain the highest standards of Emergency Medicine by partnering with physicians in their ongoing professional development; maintaining core knowledge, judgment, and skills; and integrating new medical advances in patient-centered care.

New Assessment Option Being Developed

The pace of development of **MyEMCert**—ABEM's new option for maintaining certification—quickened in 2018-2019. MyEMCert will be piloted in 2020, and if successful, will be available in 2021 to physicians with certification end dates in 2022 and later. MyEMCert will be composed of eight short assessments, or modules, each on a specific clinical presentation, plus new advances in EM. All eight modules must be completed by a physician's certification end date, no matter how soon that would occur. There will be a time limit to complete each module, and physicians will have three attempts to pass each module. ABEM will provide additional information as it becomes available; the ABEM website is a great source for the most recent updates. www.abem.org/MyEMCert

MyEMCert



ConCert Enhancements

The **ConCert Exam** (along with the completion of the required number of LLSA tests) remains an option for continuing certification. The first administration of a spring exam was in 2019. Beginning in 2020 an online resource will be available during the exam.

No More CME Attestation

The requirement that ABEM-certified physicians attest to completing an average of **25 CME credits every year** has been removed. The ABMS approved this change for ABEM because LLSA activities are essentially CME activities for which CME credit can be claimed. The requirement was dropped in 2019.

Earn CME from Your ABEM Activities

Beginning in 2018, physicians who passed the ConCert Exam or Oral Certification Exam can receive **60 AMA PRA Category 1 Credits™ at no cost**. ABEM reached an agreement with the AMA to provide the credits as a benefit to ABEM-certified physicians. Physicians can request the credits via their ABEM Personal Page.

New LLSA Test

The 2019 **Pediatric Emergency Medicine LLSA** reading list and test became available, which provides another opportunity for ABEM-certified physicians to tailor learning to their clinical practices.

ABEM believes that continuing certification assists physicians in realizing their intrinsic desire to be better clinicians, and deliver safe, high-quality care.



24,110

LLSA tests completed

Lifelong Learning and Self-Assessment

ABEM-certified physicians participate in the Lifelong Learning and Self-Assessment component of the continuing certification process:

- Four tests must be completed in each five-year period of certification
- Low-cost CME activities are available with most tests



16,754

LLSA CME activities completed
Almost 200,000 credits earned

Practice Improvement Measures

Emergency physicians are committed to raising the quality of care for their patients by participating in practice improvement projects. Those who participate can get credit for activities they are already doing by attesting through their ABEM Personal Page. Others can design a project that follows the four required steps: measure, compare to a standard, implement an improvement, and re-measure.

2018 Top Five Distinct Number of Practice Improvement Attestations

1,302

Time-related (throughput time, ED length-of-stay, and other process time measures)

762

Stroke-related

600

Infectious Disease-related

459

Other

427

Cardiac-related

5,340

Total PI Attestations

SUBSPECIALTY CERTIFICATION

2,433 ABEM-certified Physicians Hold a Subspecialty Certificate

In 2018-2019, ABEM issued 184 subspecialty certificates in seven subspecialties. ABEM-certified physicians also have access to subspecialty certification in Addiction Medicine, Brain Injury Medicine, Clinical Informatics, and Surgical Critical Care through other ABMS Boards.

Subspecialty	Certificates Issued in 2018-19	Total Current Subspecialists
Emergency Medical Services*	0 *	626
Medical Toxicology	49	419
Pediatric Emergency Medicine	39	277
Sports Medicine	19	199
Clinical Informatics	— **	197
Internal Medicine-Critical Care Medicine	26	196
Hospice and Palliative Medicine	31	161
Undersea and Hyperbaric Medicine	2	149
Addiction Medicine	— **	106
Anesthesiology-Critical Care Medicine	16	65
Surgical Critical Care	— **	27
Pain Medicine	2	10
Brain Injury Medicine	— **	1
Neurocritical Care	0 ***	0
Total	184	2,433

* Certification examination not offered in 2018.

** Information not available; certificates issued by other ABMS Boards

*** First examination will be administered in 2021.

Effective in 2018, ABEM-certified physicians who also hold a subspecialty certificate are no longer required to maintain their EM certification for their subspecialty certificate to remain valid as long as they are participating in an ABEM-accepted continuing certification process.

VOLUNTEERS

More than 500 clinically active physicians volunteer their services to ABEM, a force that we could not operate without. Hundreds of examiners attend each spring and fall Oral Exam administrations. Fifty item writers produce new questions for multiple choice tests each year for Emergency Medicine certification, recertification, and subspecialty exams. Additional ABEM activities supported by volunteers are:

- Standard-setting panels review each multiple choice question or Oral Exam case, rate its difficulty, and assess its importance to the certification of emergency physicians
- Fairness and bias panels evaluate whether different outcomes (among different groups) on test questions or cases are due to knowledge or experience not relevant to the practice of EM
- Job analysis panels identify the tasks, skills, and responsibilities necessary in the practice of EM, the results of which are the basis for what is measured in an examination
- Other task forces and advisory groups, such as the LLSA CME reading group and the Stimulus Collection and Review Panel, that assist in the certification and recertification processes

Each of these volunteer physicians donate their time and effort to help assure that anyone certified in EM or any of its subspecialties meets the high standards expected of our specialty. Thank you!

A complete list of ABEM volunteers is available on the ABEM website. (www.abem.org/volunteer)

489 Oral Examiners
50 Item Writers and Editors
37 Standard Setting Panel Participants
21 Subboards and Exam Committees
39 Task Forces, Advisory Groups, etc.
19 Members of the Board of Directors



Pictured top: Job Analysis Advisory Panel
Pictured below: Spring Oral Exam Standard Setting Advisory Panel
[Captions on page 21.]

Subspecialty Representatives – ABEM Appointees

Emergency Medical Services Examination Committee

Theodore R. Delbridge, M.D.
 Sophia K. Dyer, M.D.
 Jeffrey M. Goodloe, M.D.
 Alexander P. Isakov, M.D.
 Douglas F. Kupas, M.D.
 Vincent N. Mosesso, Jr., M.D.
 Peter T. Pons, M.D., Chair
 Kathy J. Rinnert, M.D.
 Marianne Gausche-Hill, M.D., Director Liaison

Medical Toxicology Subboard

Theodore C. Bania, M.D., Chair
 Robert G. Hendrickson, M.D.
 Michael G. Holland, M.D.
 Joshua G. Schier, M.D.
 Andrew I. Stolbach, M.D.
 Lewis S. Nelson, M.D., Director Liaison

Neurocritical Care Examination Committee

Jordan B. Boramo, M.D.
 Evadne G. Marcoloni, M.D.

Pediatric Emergency Medicine Subboard

Robert L. Cloutier, M.D.
 Timothy A.M. Horeczko, M.D.
 Nathan W. Mick, M.D.
 Stacy L. Reynolds, M.D.
 Ramon W. Johnson, M.D., ABEM Director Liaison

Sports Medicine Examination Committee

Moirra Davenport, M.D.
 Andrew D. Perron, M.D.

Undersea and Hyperbaric Medicine Examination Committee

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



Pictured top: EMS Examination Committee
Pictured bottom: Medical Toxicology Subboard
 [Captions on page 21.]

2018-2019 HIGHLIGHTS

Newly Elected Directors

The Board of Directors elected two new members in 2019: Yvette Calderon, M.D., and John L. Kendall, M.D. Their terms begin at the close of the summer 2019 Board of Directors meeting. Dr. Calderon practices clinically at Mount Sinai Beth Israel in New York, New York. Dr. Kendall's clinical practice is with Denver Health Medical Center in Denver, Colorado.



Yvette Calderon, M.D.



John L. Kendall, M.D.

Neurocritical Care

Neurocritical Care (NCC) was approved as the newest subspecialty available to ABEM-certified physicians. NCC is devoted to the comprehensive multisystem care of the critically ill patient with neurological diseases/conditions. The NCC subspecialty is co-sponsored by the

American Board of Anesthesiology, ABEM, the American Board of Neurological Surgery, and the American Board of Psychiatry and Neurology. The first examination for certification in NCC will take place in 2021. Eligibility criteria are available on the ABEM website.

Advanced Emergency Medicine Ultrasonography

A Focused Practice Designation (FPD) in Advanced Emergency Medicine Ultrasonography (AEMUS) was approved this year by the ABMS. Only ABEM-certified physicians will be eligible for the designation. The FPD will recognize expertise held by

emergency physicians with sophisticated, comprehensive knowledge of advanced emergency ultrasonography. The first examination will be offered in 2022. Eligibility criteria are available on the ABEM website.

Milestone Recognition for 697 Physicians

ABEM recognizes physicians who mark 30 years of being board certified in Emergency Medicine with a special certificate. This year's recipients included 697 physicians who had been board certified for 30 years as of December 31, 2018. Certificates are awarded annually to diplomates who achieve this milestone. ABEM applauds these physicians who have demonstrated a career-long commitment to excellence. A list of the 2019 recipients is posted on the ABEM website.



Coalition on Medical Merit Badges

ABEM continues to collaborate with nearly every major EM organization through the Coalition on Medical Merit Badges (COMMB). The Coalition promotes that ABEM certification supersedes the need for certified physicians to complete mandatory short courses or additional certifications ("merit badges") often needed for hospital privileges. This year the Coalition worked to:

- Eliminate out-of-operating-room airway management (OORAM) requirements for

ABEM-certified physicians working in the VA hospital system

- Provide a letter that ABEM-certified physicians can submit to hospital lab directors to allow them to be trained to directly provide point-of-care testing (bedside lab tests)

COMMB will continue to promote that short courses are not necessary for ABEM-certified physicians because of the high standard that certification represents.

Purpose of Initial Certification

The purpose of initial certification is to objectively and independently confirm that physicians who complete an Emergency Medicine residency demonstrate core knowledge, skills, and abilities needed to practice Emergency Medicine at the highest standards.

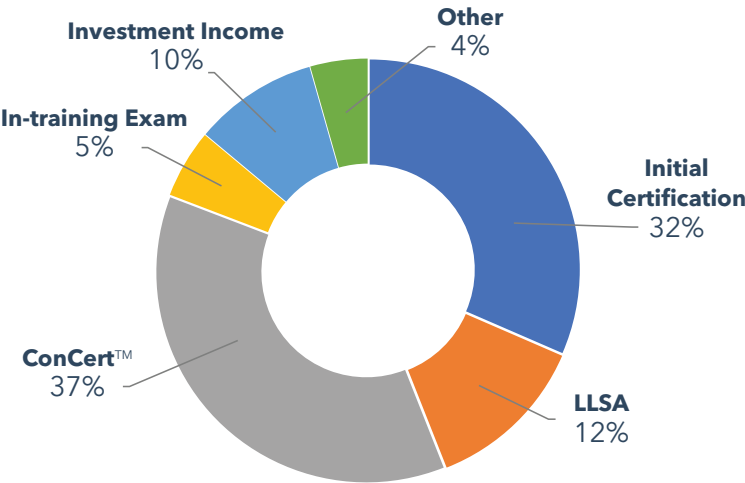
ABEM uses rigorous assessments to ensure that physicians graduating from Emergency Medicine residencies across the country demonstrate the knowledge and skills needed to provide safe, high-quality emergency care. Given the importance of initial certification, it is appropriate to have a secure, high-stakes assessment. This is especially important as patients cannot select their emergency physician.

FINANCES

As reported on ABEM's 2018 990, net revenue totaled \$1,438,416. At the same time, \$1,920,609 came from investment income. This means ABEM had a negative net revenue from operations of \$482,193. That deficit led the Board to slightly increase some exam fees.

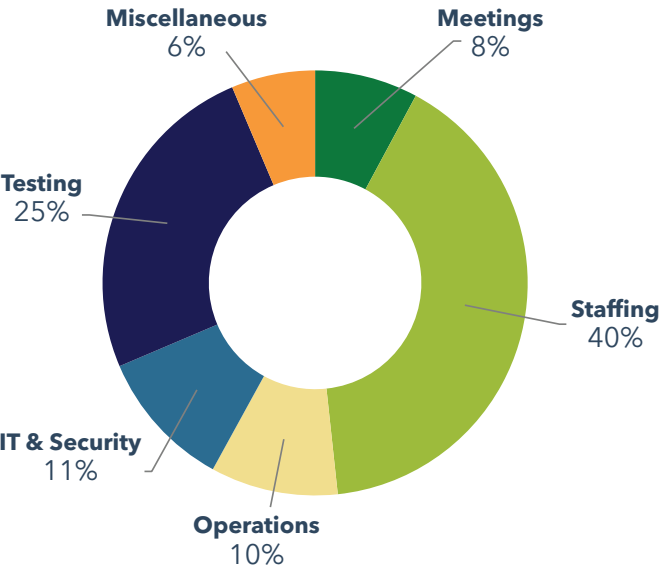
Revenue by Category

2018-2019*



Spending by Category

2018-2019*



* Unaudited data

Audited Statement of Financial Position

June 30, 2018

Assets

Current assets	
Cash and cash equivalents	\$1,983,074
Accrued investment income	108,235
Investments	35,087,822
Prepaid expenses	157,220
Total current assets	37,336,351
Property, equipment, and software	8,295,683
Less: accumulated depreciation and amortization	(3,635,162)
Net property, equipment, and software	4,660,521
Other assets	
Deposits	95,638
Total assets	\$42,092,510

Liabilities and Net Assets

Current liabilities	
Accounts payable	\$111,475
Accrued payroll	123,337
Accrued payroll tax	8,010
Deferred revenue	3,938,090
Current portion of capital lease payable	9,362
Current portion of note payable	—
Total current liabilities	4,190,274
Long-term liabilities	
Compensated absences	583,296
Capital lease payable, net of current portion	—
Note payable, net of current portion	—
Total long-term liabilities	583,296
Total liabilities	4,773,570
Net assets	
Unrestricted and undesignated	37,318,940
Total liabilities and net assets	\$ 42,092,510

Revenues **\$14,989,167**

Expenses

Direct Certification Expense	\$ 6,634,508
Governance	1,967,196
International	6,255
Office administration	2,816,643
Outreach/liaison	1,205,975
Program development	573,079
Research	178,921
Subspecialties	752,659
Training/academic relations	785,599
Miscellaneous	62,945
Total expenses	\$14,983,780

Change in net assets* **2,387**

Other income (expense) **1,777,801**

Change in net assets 1,780,188

Net assets, at beginning of year \$35,538,752

Net assets, at end of year **\$37,318,940**

* Before other income and gains

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
Michael L. Carius, M.D. 2009–2018
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
Barry N. Heller, M.D. 2008 – 2017
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

Catherine A. Marco, M.D. 2009–2018
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

Qualifying Examination								Oral Certification Examination					
Date	App's Rec'd	EM Residency-eligible First-time Takers			Total Candidates ³			EM Residency-eligible First-time Takers			Total Candidates ³		
		# 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 ¹	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
2018	2,133	2,101	2,000	95	2,365	2,173	92	1,954	1,895	97	2,006	1,943	97
Total	53,465	33,082	30,113	91²	65,860	48,176	73²	31,298	29,705	95²	52,242	45,059	86²

¹ 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.

² Number indicates the percent of the total that passed.

³ 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
2018	16	0	31	26	49	2	0	19	2	2,350
Total Certificates Issued	65	628	177	197	508	10	321	234	210	2,350
Total Current Diplomates	65	626	161	196	419	10	277	199	149	2,102

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

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	142	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
2018	2,606	2,495	96	86	20	23
Total	29,487	28,177	96¹	2,127	1,326	62¹

¹ 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 12/31/2018 was 37,576.

PHOTO CAPTIONS

Page 11: Job Analysis Advisory Panel (top, right). Back row standing (left to right): Dorian L.A. Alexander, M.D.; Jonathan L. Hansen, M.D.; Manuel A. Celedon, M.D.; K. Scott Hickey, M.D.; Terry Kowalenko, M.D.; Allison J.N. Harriott, M.D.; Fernando C. Cortes, M.D.; and Leigh-Ann J. Webb, M.D.
Front row seated (left to right): Garreth C. Debiegun, M.D.; Krishna R. Prasad, M.D.; M. Victoria Conti, M.D.; David F. Gaieski, M.D.; Marie S. Romney, M.D.; and Marion C. McDevitt, D.O.

Page 11: 2019 Spring Oral Exam Standard Setting Advisory Panel (bottom left): Back row (left to right): Carl R. Chudnofsky, M.D.; Jeffrey Sankoff, M.D.; Osman Sayan, M.D.; David S. Bullard, M.D.; Terrell S. Caffery, M.D.; Robert A. Czincila, D.O.; Matthew C. Gratton, M.D.; Tony P. Kanlun, M.D.; Scott H. Burner, M.D.; Penelope C. Lema, M.D.; Mark D. Levine, M.D.; Ilse M. Jenouri, M.D.; David Seltzer, M.D.; and Debra J. Paulson, M.D. Front row (left to right): Jill M. Baren, M.D.; Matthew D. Bitner, M.D.; Marc A. Borenstein, M.D.; Cristina E. Grijalva, M.D.; and Salvador J. Suau, M.D. Not pictured: Matthew T. Emery, M.D.

Page 12 (top) EMS Examination Committee: Left to right: Debra G. Perina, M.D.; Peter T. Pons, M.D.; Ritu Sahni, M.D.; Douglas F. Kupas, M.D.; Jeffrey M. Goodloe, M.D.; ABEM Director Liaison Marianne Gausche-Hill, M.D.; Theodore R. Delbridge, M.D.; Kathy J. Rinnert, M.D.; Vincent N. Mosesso, Jr., M.D.; K. Sophia Dyer, M.D.; and Alexander P. Isakov, M.D.

Page 12: (bottom) Medical Toxicology Subboard: Standing, left to right: Michael G. Holland, M.D.; Carl R. Baum, M.D.; Robert G. Hendrickson, M.D.; Theodore C. Bania, M.D.; Sean M. Bryant, M.D.; and ABEM Director Liaison Lewis S. Nelson, M.D. Seated left to right: Andrew I. Stolbach, M.D.; Diane P. Calello, M.D.; Joshua G. Schier, M.D.; and Michael I. Greenberg, M.D.



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