

AMERICAN BOARD OF EMERGENCY MEDICINE

ANNUAL REPORT



2020-2021



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 continuing 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.

ABEM'S GUIDING PRINCIPLES

The following overarching principles will guide our strategy and work going forward:

- Serve the public and the specialty
- Strengthen a culture of innovation in certification
- Embrace and integrate diversity, equity, and inclusion in all of our work
- Advance the values of trust, integrity, resilience, collaboration, empathy, and wisdom
- Collaborate with our stakeholders
- Communicate the value of certification
- Use research to inform and validate our certification and processes

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PRESIDENT'S MESSAGE

The past year was one of defensive rebounding followed by a string of fast breaks for ABEM.

We are rebounding from a year of postponed Oral Exam administrations with the development and implementation of a virtual Oral Certification Exam. In February 2021, the Board committed resources to a process that would eliminate the backlog of physicians who had been scheduled to take the exams in 2020, as well as keep us current with those who passed the Qualifying Exam in 2020 and became eligible for the Oral Exam. By June 2021, however, over 2,100 candidates had been examined, and over 2,600 were scheduled for exam administrations during the remainder of the year. We learned that delivering a secure, high-stakes Oral Examination really isn't less time consuming, more efficient, or less expensive for the organization. However, the experience has been valued by physician candidates, for whom the virtual process is more efficient and less expensive. ABEM is maintaining our specialty's differentiating initial certification standard with a well-orchestrated virtual exam experience that is still rigorous. Teamwork has been key. Chief Examiner Carl R. Chudnofsky, MD., all 538 dedicated ABEM volunteer examiners, and the incredible ABEM staff working overtime and in new ways made six additional exam administrations possible. On behalf of the Board and our specialty's early career physicians, I am cheering THANK YOU!

After postponing the ConCert Exam in 2020 due to the closure of testing centers, ABEM quickly provided the ConCert and Medical Toxicology Cognitive Expertise exams in an at-home, online format that provided flexibility for physicians. ConCert was made available for



Mary Nan S. Mallory, M.D., M.B.A.

an additional administration in the summer to make up for the one lost in 2020 and a six-month grace period afforded physicians with 2020 certification end dates additional time to meet requirements.

ABEM was already in the process of re-engineering the continuing certification process. After three years of development, ABEM's next-generation, continuing certification process that replaces ConCert and LLSA launched. During this amazing period of internal retooling, educational physician webinars, \$10 million transition refunds to certified physicians, and a three-month pilot, MyEMCert went live on March 31. We are incredibly grateful for the "assessment for learning" vision and editorial leadership of Sam Keim, M.D., M.H.A., and Marianne Gausche-Hill, M.D. The 1,200 certified physician pilot participants provided valuable feedback that we incorporated into the exams and the process.

Coordinating the institution of the five-year cycle with the launch of MyEMCert and the annual fee will minimize the number of disruptions physicians would experience and will help simplify the continuing certification

process. Recall, the ABMS Vision Commission report recommended Boards move to a more continuous certification process, and although not “continuous,” the five-year cycle moves us in the right direction. Most importantly, five-year certification cycles foster a more continuing approach to refreshing our patient care and in the keeping up with the rapid changes and key advances in emergency care while demonstrating the ability to meet certification standards.

Overwhelmingly, participating physicians have praised this fully online process as more flexible, convenient, and clinically relevant. A major plus is that MyEMCert integrates learning into the continuing certification assessment process. During the full transition to this new process, requirements are defined by a physician’s year of recertification. In addition to ABEM staff who are available to respond to your questions regarding requirements during this transition, we developed tools to make the process easy to understand. Resources and their hyperlinks are collected on [one page](#) on the ABEM website.

- The [✓ ABEM Reqs](#) tool outlines requirements by year of recertification
- Videos explain module content, the key advances.
- A demo module allows physicians to explore the look and feel of MyEMCert modules
- [Sample questions](#) are posted on the website
- A [Quick Start Guide](#) provides an easy-to-understand checklist for preparing for and taking modules

The Board showed its dedication to diversity, equity, and inclusion (DEI) by transitioning the DEI Task Force to a standing committee. Led by Chair Yvette Calderon, M.D., M.S., the Committee is charged with the Board’s diversity, equity and inclusion initiatives.

The Board also completed the process of adopting a new strategic framework. The development of the framework, started last year by Immediate-Past-President, Jill M. Baren, M.D., M.S., M.B.A., includes three commitments to our certified physicians and stakeholders: Quality Certification, External Engagement, and Operational Alignment, each with associated rationales and initiatives that support that commitment. The framework provides a touchstone for all the activities of the Board—both current and future.

A new [Becoming Certified Initiative](#) was also introduced this year. The Becoming Certified Task Force will examine all aspects of the process for emergency physicians to become certified. Informed by the Stakeholder Advisory Group and input from stakeholders like you, this Task Force will assess and potentially redesign a contemporary process for emergency physicians to become certified.

These activities were developed and implemented with the goal of serving emergency physicians, while at the same time upholding the standards of the specialty. Devising a way for early career physicians to become certified, and making our continuing certification process more convenient, relevant, and designed for learning were at the forefront when developing these new processes. We hope you agree, and thank you for all you do!

LEADERSHIP

Board of Directors

Executive Committee

Mary Nan S. Mallory, M.D., M.B.A., *President*
Marianne Gausche-Hill, M.D., *President-Elect*
Jill M. Baren, M.D., M.S., M.B.A., *Immediate-Past-President*
Samuel M. Keim, M.D., M.S., *Secretary-Treasurer*
Ramon W. Johnson, M.D., M.B.A., *Member-at-Large*
Lewis S. Nelson, M.D., *Senior-Member-at-Large*

Directors

Felix K. Ankel, M.D.
J. David Barry, M.D.
Michael S. Beeson M.D., M.B.A.
Yvette Calderon, M.D., M.S.
Wallace A. Carter, M.D.
Carl R. Chudnofsky, M.D.
Hala H. Durrah, M.T.A.
Diane L. Gorgas, M.D.
Deepi G. Goyal, M.D.
Leon L. Haley, Jr., M.D., M.H.S.A.
John L. Kendall, M.D.
James D. Thomas, M.D.
Suzanne R. White, M.D., M.B.A.

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*

ABEM-CERTIFIED PHYSICIANS



39,241 current ABEM-certified physicians

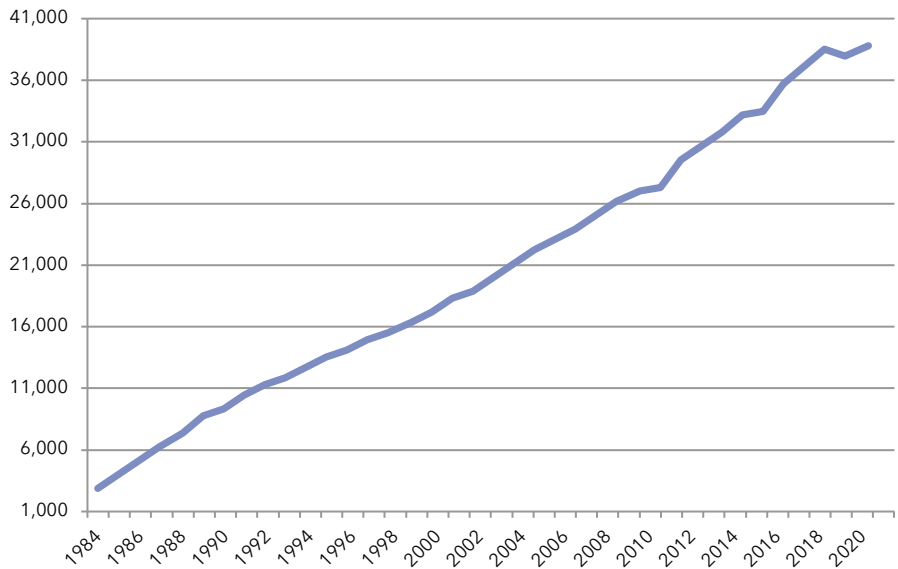
7.8% hold subspecialty certification (3,058)

94% are residency trained

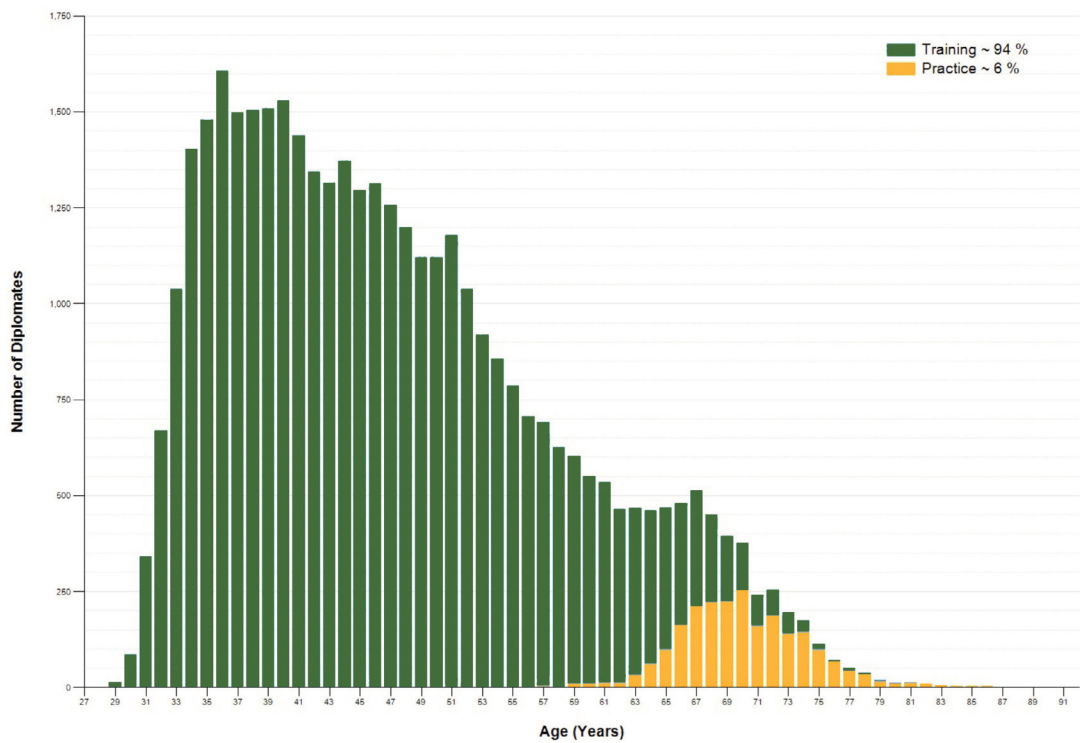
Data as of June 2021

Number of Current ABEM-certified Physicians

39,241 Total Active ABEM-certified Physicians (as of June 30, 2021)



Distribution of ABEM-certified Physicians by Age and Training*



*Completed an EM residency training program (July 1, 2021)

EXAMINATION ACTIVITY

Oral Certification Examination Administered Virtually

Due to the COVID-19 pandemic, the 2020 administrations of the Oral Certification Examination were postponed, and the 2021 administrations were administered in a virtual format in March, April, and June; additional administrations will take place in September, October, and December 2021. The multiple administrations allowed all candidates scheduled to take the 2020 exams, as well as those who passed the Qualifying Examination in 2020 an opportunity to take the virtual exam in 2021. Nearly 2,000 physicians took the Oral Exam in the first six months of 2021.

Regular Exam Activity

In 2020-2021, over 16,500 proctored examinations were administered, and over 18,000 LLSA tests and nearly 2,000 MyEMCert modules were completed.

2,435
took the Qualifying Exam



among first-time test takers

1,978
took the Oral Certification Exam



among first-time test takers

3,283
took the ConCert Exam



among ABEM-certified physicians

8,862
took the In-training Exam

1,953
MyEMCert modules completed

1,827
Newly Certified Physicians

97
Regained Certification

Detailed, longitudinal statistics are available in the tables beginning on page 17, 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.

Protecting Your Certification

Deadlines for physicians who had subspecialty certification requirements due in 2020 were relaxed. They have until either June 31, 2021 or December 31, 2021 to meet their requirements. The new deadlines are based on the policies of the board administering the recertification examination and how often those exams are offered.

MyEMCert Launches!

ABEM-certified physicians can now take MyEMCert modules to maintain certification.

MyEMCert launched March 31 with the first three module topics available being:

- Abdominopelvic
- Abnormal Vital Signs and Shock
- Trauma and Bleeding

Three additional modules were scheduled to be launched in July 2021, and an additional two in early 2022. The three July modules are:

- Thoracorespiratory
- Neurology
- Social and Behavioral Health

The launch of MyEMCert followed a pilot that took place in late 2020. Participating physicians provided valuable feedback that informed changes made prior to launch.

MyEMCert modules are the alternative to the high-stakes, single point-in-time, traditional recertification exam (ConCert), and the ongoing LLSA readings and tests. MyEMCert modules were designed with the uniqueness of Emergency Medicine in mind and are informed by the preferences and feedback of ABEM-certified physicians.

[Learn more about MyEMCert](#)

Five-year Certification Period/Annual Fee

The switch to a five-year certification period began with those physicians who became certified or renewed certification in 2021. These physicians will access continuing certification activities by paying an annual fee, rather than fees for each individual activity. The current cost is the same as under a ten-year certification period.



18,213

LLSA tests successfully completed



12,906

LLSA CME activities completed



1,953

MyEMCert modules successfully completed

New LLSA Tests

The 2021 Emergency Medicine LLSA test became available April 1, 2021, and the 2021 Medical Toxicology LLSA test became available June 1, 2021. These activities provide additional opportunities for ABEM-certified physicians to tailor learning to their clinical practice.

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

Improvement in Medical Practice Activities

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.

2020-21 Top Five Improvement in Medical Practice Activities

2,411	Time-related (throughput time, ED length-of-stay, and other process time measures)
1,414	Stroke-related
1,115	Infectious Disease-related
834	Communication - Patient Care
760	Cardiac-related
9,835	All IMP Attestations

SUBSPECIALTY CERTIFICATION

Coming Soon! MyEMSCert and MyToxCert

The EMS and Medical Toxicology subboards approved the development of module-based processes similar to MyEMCert. The processes will shift from a high-stakes exam administered in a testing center to modules that physicians can take from home. Like EM, EMS and MedTox will move to a five-year certification cycle and annual fee.

Physicians will be able to use MyEMSCert to maintain EMS certification beginning in 2023. Physicians who recertify that year and after will move to a 5-year certification period and annual

fee. Physicians will be able to use MyToxCert to maintain Medical Toxicology certification beginning in 2024. Physicians who recertify that year and after will move to a 5-year certification period and annual fee.

3,058 ABEM-certified Physicians Hold a Subspecialty Certificate

In 2020-2021, ABEM issued 210 subspecialty certificates in nine 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 2020-2021	Total Current Subspecialists
Emergency Medical Services	2*	830
Medical Toxicology	60	487
Pediatric Emergency Medicine	34	311
Internal Medicine-Critical Care Medicine	29	262
Sports Medicine	18	232
Clinical Informatics	– **	231
Hospice and Palliative Medicine	42	211
Undersea and Hyperbaric Medicine	5	161
Addiction Medicine	– **	181
Anesthesiology-Critical Care Medicine	18	94
Surgical Critical Care	– **	43
Pain Medicine	2	14
Brain Injury Medicine	– **	1
Neurocritical Care	0 ***	0
Total	210	3,058

* Certification examination not offered in 2020. Two certificates were issued to candidates who took the EMS Certification Exam in 2019, but did not have EM certificates issued until 2020 because of the cancelation of Oral Certification Examination.

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

*** First examination will be administered October 2021.

VOLUNTEERS

Nearly 600 clinically active physicians volunteered their services to ABEM this year, a force that is essential to ABEM's success. Hundreds of examiners attended each administration of the virtual Oral Exam, spanned over 29 days of testing plus additional days of training. Forty-five item writers produce new questions for multiple choice tests each year for Emergency Medicine certification, continuing certification, and subspecialty exams. Additional ABEM activities supported by volunteers include the following:

- 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 demographic groups) on test questions or cases are due to reasons 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, assist in the certification and recertification processes
- Resident Ambassador Panel members provide the perspectives of residents with certain ABEM activities, such as communication about the In-training Examination, applying for certification, the Residency Visitation Program, and the ABEM website.

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](#).

528 Oral Examiners

45 Item Writers

178 Standard Setting and Bias and Fairness Panel Participants

38 Subboard and Exam Committee Members

19 Members of the Board of Directors

Subspecialty and Focused Practice Designation Representatives – ABEM Appointees

Advanced Emergency Medicine Ultrasound Examination Committee

John L. Kendall, M.D., Chair, Editor
Srikar Adhikari, M.D.
John Bailitz, M.D.
Meghan Kelly Herbst, M.D.
Timothy B. Jang, M.D.
Robert A. Jones, D.O.
Megan M. Leo, M.D.
Andrew S. Liteplo, M.D.
Rachel B. Liu, M.D.
Terry Kowalenko, M.D., Editor Mentor

Emergency Medical Services Subboard

Douglas F. Kupas, M.D., Chair
Erica R. Carney, M.D.
Mohamud R. Daya, M.D.
Sophia Dyer, M.D.
William D. Fales, M.D.
Jeffrey M. Goodloe, M.D.
Alexander P. Isakov, M.D.
Vincent N. Mosesso, Jr., M.D.
Katie L. Tataris, M.D.
Marianne Gausche-Hill, M.D., ABEM Director Liaison

Medical Toxicology Subboard

Robert G. Hendrickson, M.D., Chair
Theodore C. Bania, M.D.
Carl R. Baum, M.D.
Diane P. Calello, M.D.
Michael I. Greenberg, M.D.
Christopher O. Hoyte, M.D.
Tammi H. Schaeffer, D.O.
Andrew I. Stolbach, M.D.
Lewis S. Nelson, M.D., ABEM Director Liaison

Neurocritical Care Examination Committee

Jordan B. Bonomo, M.D.
Evadne G. Marcolini, M.D.

Pediatric Emergency Medicine Subboard

Stacy L. Reynolds, M.D., Chair
David B. Burbulys, M.D.
Keri L. Carstairs, M.D.
Timothy A. Horeczko, M.D.
Nathan W. Mick, M.D.
Ramon W. Johnson, M.D., M.B.A., ABEM
Director Liaison

Sports Medicine Examination Committee

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

Undersea and Hyperbaric Medicine Examination Committee

Keith W. Van Meter, M.D.
Tracy L. LeGros, M.D.

2020-2021 HIGHLIGHTS

Strategic Framework 2021

The ABEM Board of Directors approved a new Strategic Framework at its winter 2021 meeting. The framework is composed of three commitments, each with associated rationales and initiatives that support that commitment.

- ABEM's certification processes and programs are high quality and clinically relevant.
- ABEM enhances the value of its certification by creating strong, trusting, engaged relationships with its multiple stakeholders.

- ABEM Board and staff structures, processes, and culture are aligned to advance our strategic work through people, relationships, and resources.

The Board also approved new bylaws as well as a Code of Professionalism. In addition to reporting requirements on physician licensure, the Code includes ethical requirements to which all ABEM-certified and board eligible physicians must adhere. ABEM strongly encourages all ABEM-certified and board eligible physicians to read and comply with the Code of Professionalism.

Newly Elected Directors

The ABEM Board of Directors elected two new physician members in 2021:

Kim M. Feldhaus, M.D., and Theodore J. Gaeta, D.O., M.P.H. Dr. Feldhaus's clinical practice is at Boulder Community Health in Boulder, Colorado, a community-based, not-for-profit hospital. Dr. Gaeta practices clinically at New York-Presbyterian Brooklyn Methodist Hospital.



Kim M. Feldhaus, M.D.



Theodore J. Gaeta,
D.O., M.P.H.

Milestone Recognition for Over 500 Physicians

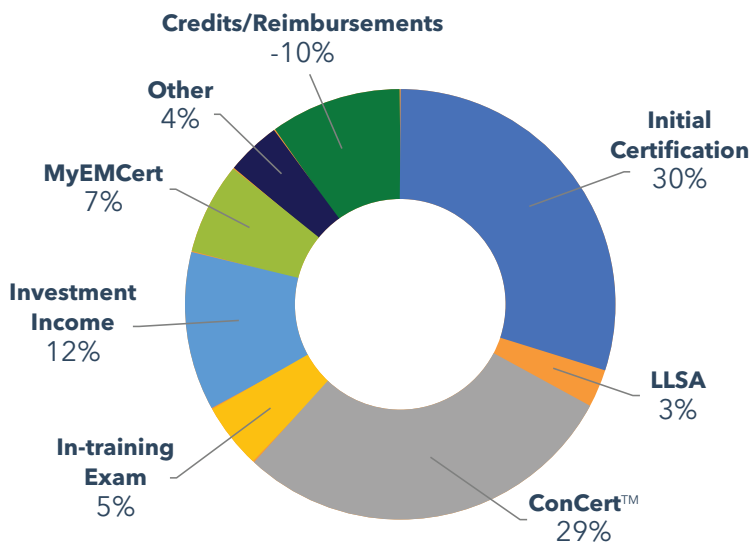
ABEM recognizes physicians who mark 30 years of being board certified in Emergency Medicine with a special certificate. This year's recipients included 508 physicians who had been board certified for 30 years as of December 31, 2020. Certificates are awarded annually to diplomates who achieve this milestone. ABEM applauds these physicians who have demonstrated a career-long commitment to excellence. A list of the 2020 recipients is posted on the ABEM website.



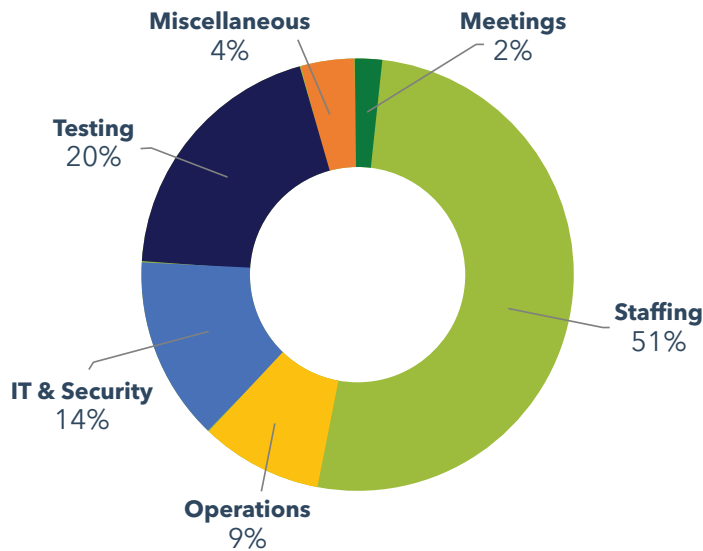
FINANCES

In fiscal year 2019-20, ABEM realized \$12,662,882 in operating expenses against (\$16,708,748) in operating expenses, for a negative operating margin of (\$4,045,866). At the same time, \$1,565,143 in revenue came from investment income, for a net margin of (\$2,480,723). Data from ABEM's 2020 Audited Financial Statement is provided below. ABEM has received Guidestar's Platinum Seal of Transparency for the last two years.

Revenue by Category



Spending by Category



Audited Statement of Financial Position

June 30, 2020

Assets

Current assets	
Cash and cash equivalents	\$2,496,936
Accounts receivable	—
Accrued investment income	87,108
Investments	38,823,771
Prepaid expenses	112,004
Total current assets	41,519,819
Property, equipment, and software	8,339,490
Less: accumulated depreciation and amortization	(4,254,647)
Net property, equipment, and software	4,084,843
Other assets	
Deposits	20,000
Total assets	\$45,624,662

Liabilities and Net Assets

Current liabilities	
Accounts payable	\$77,689
Accrued payroll	179,259
Accrued payroll tax	11,089
Line of credit	3,000,000
Deferred revenue	3,807,660
Total current liabilities	7,075,697
Long-term liabilities	
Compensated absences	758,421
Total liabilities	7,834,118
Net assets	
Unrestricted and undesignated	31,790,544
Total liabilities and net assets	\$45,624,662

Revenues **\$14,217,668**

Expenses

Direct Certification Expense	\$5,994,630
Governance	2,370,635
International	20,061
Office administration	3,098,554
Outreach/liaison	1,235,177
Program development	1,757,853
Research	185,359
Subspecialties	715,400
Training/academic relations	863,651
Miscellaneous	219,429
Total expenses	\$16,460,749

Change in net assets* (2,243,081)

Net assets, at beginning of year \$40,033,625

Net assets, at end of year **\$37,790,544**

* 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
O. John Ma, M.D. 2013-2019
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
Robert L. Muelleman, M.D. 2011-2019
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
Robert P. Wahl, M.D. 2012-2020
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 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	1,999	95	2,364	2,173	92	1,954	1,895	97	2,006	1,943	97
2019	2,285	2,299	2,123	92	2,522	2,238	89	2,169	2,051	95	2,277	2,133	94
2020	2,485	2,435	2,192	90	2,632	2,324	88	0 ⁴	0 ⁴		0 ⁴	0 ⁴	
Total	58,235	37,816	34,427	91²	71,013	52,738	74²	33,467	31,756	95²	54,519	47,192	87²

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.

⁴ The 2020 Oral Certification Examination administrations were canceled due to the COVID pandemic.

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	2,544	2,433	96	147	82	56
2019	2,431	2,330	96	189	106	56
2020	2,446	2,218	91	156	71	46
Total	34,302	32,663	95¹	2,533	1,565	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 12/31/2020 was 38,543.

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
2019	11	204	0	36	0	2	34	13	3	2,653
2020	17	0	30	26	59	1	0	4	4	2,794
Total Certificates Issued	93	832	207	259	567	13	355	251	217	2,653
Total Current Diplomates	94	831	211	262	487	14	311	232	161	2,406

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



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3000 Coolidge Road • East Lansing, Michigan 48823-6319
517.332.4800 • www.abem.org

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