

## Talking Points on Longitudinal Assessment

- On August 21 – 22 [ABIM announced to all diplomates](#) a decision by the Board of Directors **committing to evolve ABIM’s program to provide a longitudinal assessment option for maintenance of certification**, offering a self-paced pathway for physicians to acquire and demonstrate ongoing knowledge. The traditional long form assessment will also remain an option as some physicians have expressed a preference for a point in time exam taken less frequently.
- With this new option – **anticipated to be available beginning in 2022** in as many specialties as possible – physicians will be able to:
  - Answer a question at any place or time, and **receive immediate feedback** as to whether it was correct or not;
  - see the **rationale behind the answer**, along with links to educational material;
  - Proceed at their **preferred pace** answering questions during each administration window; and,
  - Access all the **resources they use in practice**, such as journals or websites.
- **Timing for Launch:** ABIM anticipates offering a longitudinal assessment option for MOC for the first time in 2022 in as many specialties as possible. The traditional, point-in-time assessment, taken at a PearsonVUE center, will remain an option, as some physicians have expressed a preference for an exam taken less frequently.

Introducing the longitudinal assessment in 2022 will allow sufficient time for ABIM to:

- Work with the community to ensure physician feedback is incorporated into the program design.
  - Develop an assessment delivery platform that provides you with ease and mobility.
  - Create more questions so we can release answers immediately after the assessment.
- Developing a longitudinal assessment is part of ABIM’s **ongoing evolution**.
    - We’ve heard from physicians they prefer a more self-paced process that better fits into their busy lives, and that’s what we are aiming to create.
    - As part of this development, we are looking at ways to allow physicians flexibility with how many questions they answer at a time, as long as they answer a specified number within a given time period.
  - We want to **hear from the physician community**.
    - We see the development of the longitudinal assessment option as an ongoing collaboration with the internal medicine community, with many opportunities for feedback throughout the process.
    - We’ve already had a strong response to the announcement, and will continue reviewing what physicians have told us. Their feedback will truly inform and guide our decisions.
    - We encourage all internists to share their feedback with ABIM by [submitting a comment or suggestion](#).
  - We’ve looked at what other Boards have launched recently – including the American Board of Anesthesiology’s MOCA Minute – and we’re using what they’ve learned and feedback from their physicians to help inform our work.

- A longitudinal assessment aligns with recommendations from the ABMS Vision Commission report, and several other Boards that have such an option have reported its popularity among diplomates.
- We are **early in the process** with a lot of details to be worked out. Right now we are focused on engaging with the community and listening to what they would like to see in the longitudinal assessment option.
  - That feedback will help ABIM focus on what is important to physicians, and what work we need to do to develop the longitudinal assessment option. We expect to be able to announce more details about the timeline later this fall.
- Working with specialty societies and soliciting feedback from diplomates has driven many enhancements to our programs over the last several years: revising the exam blueprints, incorporating UpToDate in the assessment, Collaborative Maintenance Pathways, and introducing the Knowledge Check-In, to name a few.
- ABIM and the Board of Directors are still working through many details and will update the community when more information is available. For now **all current MOC program requirements remain in place.**