

Guidelines for Professionalism, Licensure and Personal Conduct

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I. Professionalism

Professionalism is the basis of medicine's contract with society. It demands placing the interests of patients above those of the physician, setting and maintaining standards of competence and integrity, and providing expert advice to society on matters of health. The American Board of Medical Specialties (ABMS) has defined professionalism as follows:

"Medical professionalism is a belief system about how best to organize and deliver health care, which calls on group members to jointly declare ("profess") what the public and individual patients can expect regarding shared competency standards and ethical values, and to implement trustworthy means to ensure that all medical professionals live up to these promises".¹

Professionalism is embodied in the physician-patient relationship and includes, but is not limited to:

- A commitment to serve others;
- Dedication to the use of one's knowledge to achieve ethical, fair and just results;
- Continued enhancement of one's own knowledge and skills;
- Fairness, courtesy, honesty and respect for patients, colleagues, and the public;
- Contributing to the public good;
- Education of the learners and the public about the profession, its uses and limitations;
- Accepting responsibility for one's own professional conduct as well as that of others in the profession.

The principles and responsibilities of medical professionalism must be clearly understood by both the profession and society. Essential to this contract is public trust in physicians, which depends on the integrity of both individual physicians and the whole profession.² Specifically; the ABMS has clearly indicated how professionalism functions best:

"For medical professionalism to function effectively there must be interactive, iterative, and legitimate methods to debate, define, declare, distribute, and enforce the shared standards and ethical values that medical professionals agree must govern medical work. These are publicly professed in oaths, codes, charters, curricula, and perhaps most tangible, the articulation of explicit core competencies for professional practice (see, for example, the ACGME Core Competencies). Making standards explicit, sharing them with the public, and enforcing them, is how the profession maintains its standing as being worthy of public trust".³

In an effort to further delineate and make explicit the standards by which the ABFM will assess two aspects of professionalism, namely personal conduct and licensure, the following policy has been established by the ABFM Board of Directors.

To obtain and maintain certification, a physician is expected to demonstrate: the principles embodied in accepted statements of professional responsibility and ethical behavior (such as the Hippocratic Oath and the Declaration of Geneva); the precept of



primum non nocere (first, do no harm); the application of moral principles, values, and ethical conduct to the practice of medicine; the skill, competence and character expected of a physician; and, compassion and benevolence for patients.

- A. Demonstration of unethical, unprofessional, or immoral behavior, misrepresentation of Diplomate status or Board Eligible status or fraud, cheating on or attempting to subvert an ABFM examination, incompetence, discompetence (performance falling somewhere between competence and incompetence), or impairment, may be sufficient cause for the ABFM to rescind Diplomate status, deny eligibility for an examination, invalidate the results of an examination, or other action as judged appropriate by the ABFM.
- B. Furthermore, a physician's professionalism shall be called into question and reviewed by the Credentials Committee of the American Board of Family Medicine at such time as the physician is sanctioned by a legally constituted entity with control over aspects of a physician's practice of medicine, including, but not limited to, entities of the Federation of State Medical Boards, the U.S. Drug Enforcement Administration, the Centers for Medicare and Medicaid Services, and Institutional Review Boards and Ethics Committees of Medical Schools, Hospitals, and Medical Clinics.
- C. All physicians are subject to this policy, including commissioned medical officers of the armed forces of the United States and medical officers of the United States Public Health Service or the Department of Veterans Affairs of the United States in the discharge of their official duties and/or within federally controlled facilities.

II. Licensure

To obtain and maintain certification, a physician must hold a currently valid, full and unrestricted license to practice medicine in all jurisdictions in the United States, its territories, or Canada, in which the physician holds a license, subject to the exceptions noted in Section II. B. 1-4 below.

- A. Any license (including but not limited for purposes of example only, training charity, military, practicing, inactive, etc) shall be deemed "restricted" for purposes of this policy if, as a result of action by a State or other legally constituted Board responsible for exercising jurisdiction and control over licensure (hereinafter called "State Medical Board"), the physician:
 - 1 shall have had his/her license revoked; surrendered his/her license or cancelled or not renewed their license in lieu of investigation or any disciplinary/adverse action as tantamount to a revocation;
 - 2 shall have had his/her license suspended for a specified period of time;
 - 3 shall have been made subject to special conditions, requirements, or limitations, regardless of whether or not such conditions, requirements, or limitations are imposed by order of the State Medical Board or are the result of a voluntary agreement between the physician and the State Medical Board, such conditions to be determined by the Credentials Committee of the American Board of Family Medicine as those which affect, restrict, alter, or constrain the practice of medicine (including, but not limited to, supervision, chaperoning during the examination of patients, limitations on the prescription of medication, or limitations on site or type of practice and limitation on hours of work.



- B. A physician's license shall not be deemed "restricted" for purposes of this policy if the physician:
1. shall have received letters of concern or reprimand not resulting in one of the stipulations which are enumerated in Section II. A. 1-3 of these Guidelines, even if such letters are made part of the physician's record;
 2. shall have voluntarily entered into a rehabilitation or remediation program for impairment, dependency, or practice improvement with the approval of a State Medical Board not resulting in one of the stipulations which are enumerated in Section II. A.1-3, or a requirement from the State Medical Board to obtain the Board's permission to reenter medical practice;
 3. shall have been placed on probation without any specific sanction, condition, requirement, or restriction on practice as described in Section II. A. 3 above;
 4. shall hold an unrestricted license to practice medicine in the jurisdiction in which he/she currently practices, and, for all other licenses held, shall have received no new restrictions or sanctions as described in Section II. A. 1-3 above, nor received a letter of reprimand, censured or placed on probation, for the 6 years prior to applying for certification or recertification.

III. Personal Conduct

Physicians must recognize responsibility to patients first and foremost, and be responsible for maintaining respect for the law.

- A. Conviction of a misdemeanor or a felony, related or not related to the practice of medicine, resulting in incarceration or probation in lieu of incarceration, or the entry of a guilty, *nolo contendere* plea or an Alford plea, or deferred adjudication without expungement, may be judged as sufficient cause to rescind Diplomate status, deny eligibility for an examination, invalidate the results of an examination, or other action as judged appropriate by the ABFM.
- B. In order to properly and timely process actions the ABFM routinely requests information from the physician. The physician shall be required to submit to the ABFM the information, documentation or material ("Required Data") requested by the ABFM. The Required Data shall be the information and material necessary and appropriate for the disposition of any action under consideration by the ABFM. ABFM shall submit the request to the physician, in writing, utilizing any commercially acceptable form of transmission, including electronic communication (where available), or facsimile, or US Mail, or a commercial carrier. The request shall state in detail the Required Data and the due date that the Required Data is to be provided to the ABFM. All responses and submissions of Required Data must be timely, complete and accurate. If the physician fails to provide complete and accurate responses within 60 calendar days following the date of the ABFM request, the ABFM may proceed with the action under consideration, including, but not limited to an adverse action resulting in the suspension or revocation of Diplomate status or the determination that the physician is ineligible for MC-FP components.

IV. Maintenance of Certification

To participate in Maintenance of Certification (MC-FP) a physician must fulfill all of the



requirements stipulated for participation in the four components designed to assess important physician characteristics.

- A. A physician's participation in MC-FP shall be terminated if, as a result of action by a State or other legally constituted Board responsible for exercising jurisdiction and control over licensure, a physician's license is revoked, surrendered prior to, during, or following an inquiry or investigation, or permanently restricted.
- B. A physician's participation in MC-FP shall be terminated if the Credentials Committee of the ABFM determines that there is evidence of one or more demonstrations of unprofessional behavior or actions as enumerated in Section I. A, B and C of these Guidelines.
- C. A physician's participation in MC-FP shall be terminated if the Credentials Committee of the ABFM determines that there is evidence of unlawful activity as enumerated in Section III. A of these Guidelines.

V. Authority

The American Board of Family Medicine shall have sole power and authority to determine whether the evidence or information before the Committee is sufficient to constitute grounds for revocation of any Certificate issued by the American Board or other action as judged appropriate. The above policies will be effective On January 31, 2012, their date of adoption by the Board of Directors of the ABFM and may be revised or amended pursuant to appropriate authority of the ABFM.

¹EPCOM-ABMS Professional Work Group

²Medical Professionalism in the New Millennium: A Physician Charter. The ABIM Foundation, the ACP Foundation, and the European Federation of Internal Medicine, 2004.

³EPCOM-ABMS Professional Work Group

