ABAI Update



Program Directors Assembly Winter Meeting January 7, 2023

Michael R. Nelson, MD, PhD President, ABAI

Disclosures

• No financial disclosures

View expressed are my own on behalf of ABAI and not representative of ABMS or UVA



Outline

- ABAI 2022 Year in Review
- Certification Update
- Faculty Development
- Looking ahead to 2023



ABAI Mission

Improve the quality of medical care by the development and utilization of professional and educational standards for the initial certification and Maintenance of Certification of physician specialists in allergy/immunology



American Board of Allergy and Immunology

Directors

- Theresa A Bingemann, MD
- Mariana Castells MD, PhD
- Christina E. Ciaccio MD. MSc
- Jeffrey G. Demain MD
- · Hal Hoffman, MD
- Emily Jakacki, MBA (Public Member)
- Corinne Keet, MD, MS, PhD
- Mitchell Lester, MD (Vice Chair)
- Jay Lieberman, MD (Vice Chair Elect)
- · Aidan Long, MD
- Giselle Mosnaim, MD, MS
- Anil Nanda MD (Secretary)
- Princess Ogbogu, MD (Chair)
- · Jeffrey Stokes, MD
- Dana Wallace, MD (Treasurer)
- Julie Wang MD

Emeritus Directors

- John Oppenheimer, MD MSPH (ABIM Liaison);
- Leonard Bacharier, MD (ABMS 3C)
- Theodore Freeman, MD (TWC Chair)

Test Writing Committee

 16-18 Practicing Allergist-Immunologist Volunteers

ABAI Ambassadors

NEW in 2022

Staff

- · Michael Nelson, MD, PhD
- · Chelsey Williams
- · Anthony Brewer
- Gina Capozzoli
- Rayne Harrison
- Cecilia Walters
- · William Thompson, MS
- Brianna Wilkins
- Larry Vapniarek, MBA (consultant)

Liaisons

- · ABIM- John Oppenheimer, MD
- · ABP- Jeffrey Stokes, MD
- · ABMS 3C- Leonard Bacharier, MD

Completed term in 2022

- · Ramsay Fuleihan, MD
- · Mitchell Grayson, MD (Treasurer)
- Sarbjit S. Saini, MD
- Anna Nowak-Wegrzyn, MD, PhD (Chair)
- Mary Beth Fasano, MD, MSPH (ABP Liaison)

Completing term in 2023

- · Mariana Castells MD, PhD
- · Corinne A. Keet, MD, PhD
- · Aidan A. Long, MD
- Wanda Phipatanakul, MD, MS

Incoming 2024

• TBD



ABAI Ambassadors & Test Writing Committee

· Milind V. Pansare, MD

Perdita Permaul, MD

Brooke I. Polk, MD

· Jonathan S. Tam, MD

· Shahab Virani, MD

Teresa K. Tarrant, MD

· Jyothi I. Tirumalasetty, MD

Katherine L. Tuttle, MD

Constantine K. Saadeh, MD

ABAI Ambassadors

- · Andrew Abreo, MD
- · Taha Al-Shaikhly, MBChB
- Barbara K. Ariue, MD
- Becky Buelow, MD, MS
- Lauren Fine, MD
- · David I. Hong, MD
- David A. Kaufman, MD
- Fatima S. Khan, MD
- · Reena Khianey, MD
- Nancy Wasserbauer Kingston, DO
- · Samatha Knox, MD
- Stephanie A. Leeds, MD
- Marilyn Li, MD
- Mahboobeh Mahdavinia, MD, PhD
- · Kelly M. Maples, MD
- · Bernard SK. Ng, MD

ABAI Test Writing Committee

- Karla E. Adams, MD
- Jack M. Becker, MD
- · Matthew C. Bell, MD
- Kanwaljit K. Brar, MD
- David I. Bernstein, MD
- Jonathan A. Bernstein, MD
- Scott Feldman, MD, PhD
- Neema Izadi, MD, MS
- · Michael H. Land, MD
- · Cecilia P. Mikita, MD, MPH
- Lindsey E. Moore, DO
- Anil Nanda, MD *
- · Thanai Pongdee, MD
- Pavadee Poowuttikul, MD
- Christopher C. Randolph, MD
- Rebecca Scherzer, MD



ABAI Strategic Plan 2021-2026

Strategic Goal #1

 <u>Enhance communication</u> with and responsiveness to input from all stakeholders

Strategic Goal #2

 Study, build and share ABAI value in collaboration with the American Board of Medical Specialties, our sponsoring Boards (American Board of Internal Medicine, American Board of Pediatrics) and our collaborating societies

Strategic Goal #3

 <u>Support diplomates and the public</u> by ensuring ABAI governance, infrastructure and programs adapt to meet the evolving needs and circumstances of the diverse patients and diplomates in the specialty of allergy and immunology



ABAI 2022 Year in Review

- Diversity and inclusion initiatives
 - all diplomate gender and ethnicity self-identification update
 - implicit bias training for entire BOD
 - targeted recruitment for board volunteer positions
 - self-nomination pathway for board volunteer positions
- ABAI Ambassadors program officially launched in 2022
- New ABMS standard implementation
- CAP is concluding the first five-year cycle in January of 2023.
- Planning and programming for fellow & program access to recent CAP cycle pilot, releasing in Q1 of 2023
- New time away from training policy allowing 2 extra weeks for parental leave



Time away from training update NEW: 2 additional weeks for parental leave

- Absences in excess of a total of two months over the 24-month allergy/immunology training program must be made up.
- An additional 2 weeks away from training is authorized once during fellowship for parental/caregiver leave taken of any length. This is inclusive of all new parents (birthing, nonbirthing, foster/adoptive, surrogates regardless of gender and sexual orientation) taking parental leave.
- If a program director believes that an absence in excess of the above is justified; the program director should send a letter of explanation to the ABAI for review and approval by the Ethics and Professionalism Committee as deemed necessary.



Time Away from Training FAQs

- Does ABAI specify time away from training for each year in training?
 - No. ABAI specifies only the total time away from training for the 24
 months of fellowship training. Although ABAI does not specify a
 maximum or minimum number weeks of time away from training each
 year, sufficient time away from training to promote wellness and prevent
 burnout in every year of training is expected.
- What is the definition of "2 months"?
 - ABAI defers definition to institutions, programs and program directors.
 Given that fellowship schedules vary and can be based on days, weeks or
 months, ABAI has elected to continue deferring implementation of up to
 "2 months away from training" in accordance with local policy and
 procedures and ACGME Program Requirements.



Time Away from Training FAQs

- Where does the program director attest to graduates/candidates meeting the "2 month" away from training requirement?
 - Separate documentation of meeting time away from training requirements is not required. Routine completion of the 24 month evaluation and procedure attestations for the 24 "months of training evaluated" is sufficient.
- Does ABAI specify the length of parental/caregiver leave?
 - No. ABAI recognizes the unique needs of all new parents/caregivers and does not require, recommend or specify a specific length of time away from training for this or any purpose. Two additional weeks away from training beyond regularly allowable 2 months away from training is authorized for candidates who took parental/caregiver leave during fellowship and have program director attestation of competency not requiring an extension in training.



Time Away from Training FAQs

- When was the parental/caregiver leave policy implemented?
 - The parental/caregiver additional 2 weeks of time away from training was approved by the Board of Directors in June 2022 and is applicable to all candidates for the 2022 initial certification exam and remains in effect indefinitely.
- If a graduate/candidate requires an extension in training, can the candidate sit for the certification exam that same year?
 - Possibly. It depends on the length of the extension in training and when all supporting evaluations and documents will be received by the ABAI office. ABAI has a long track record of working with program directors and graduates requiring an extension in training. The Board will work one on one with candidates to enable sitting for the initial certification exam as soon as possible, including waiving published deadlines in certain circumstances. Program Directors and candidates are encouraged to contact the Board as soon as possible once it becomes clear an extension in training will be required.



Time Away from Training FAQs

- What should the program director include in the letter to the Ethics and Professionalism Committee?
 - The request letter must include:
 - the name and contact information for both the candidate and program director
 - · the total time away from training
 - · the circumstances for the extra time away from training
 - an attestation by Program Director on behalf of Program Director AND Clinical Competency Committee that the candidate has achieved core competencies commensurate with program requirements and independent practice
 - a statement that the candidate has met all other initial certification requirements
- Is a letter required for the additional 2 weeks for parental/caregiver leave?
 - No. An exception to policy request letter will not be required for candidates not exceeding the 2 months plus 2 weeks away from training. The Program Director will use the routine ABAI portal end of training evaluations and attestations.
 - The portal will be updated to include a checkbox attestation that the additional 2 weeks is applicable to the candidate. In the meantime, program directors must enter a comment indicating the parental/caregiver two week additional time away from training in the final evaluation.



Outline

- ABAI 2022 Year in Review
- Certification Update
 - New Blueprint
 - 2022 Exam
 - PD Responsibilities
- Faculty Development
- Looking ahead to 2023



2022 New Certification Exam Blueprint

- Highlights:
 - Shift from ~65%/35% to 75% clinical/25% basic science
 - Fully aligned with CAP and CQE blueprints
 - Basic & clinical science categories now allergy/hypersensitivity & immunological disorders
 - Foundational knowledge expectations for allergic and immunologic basic science principles preserved
- Program impact
 - Minimal- Minor changes in percentages of major content areas
 - New emerging health priorities (e.g. disparity of care, opiod crisis, physician burnout & wellness)



Initial Certification Requirements

- Requirements
 - ABP or ABIM certification
 - ACGME accredited AI Fellowship
 - PD Evaluations
 - Letters of recommendation
 - <u>Unrestricted</u> license
 - Pass ABAI certification exam

- Initial certification window
 - 7 years following graduation
 - · Meet all requirements
 - Unlimited exam attempts in window
- Regaining IC eligibility pathway
 - 1 year fellowship equiv. retraining
 - Meet all other requirements
 - 3 exam attempts
 - ITE & 50 CME for more attempts



Certification Examination

Examination Year	2017	2018	2019	2020	2021	2022*
Total # Candidates	182	173	171	163	176	181
% Pass - First Time	85%	87%	83%	83%	85%	93%
% Pass - Repeaters	53%	56%	68%	65%	67%	78%
% Total Pass Rate	81%	81%	83%	83%	81%	91%

^{*}Pending final candidate(s) & analysis



2022 Certification Exam Performance by Category

Content Category	Annual Estimated	Mean Standard	
,	Content %	Score	
A. Allergy and Hypersensitivity Principles and Disorders	54%		
1. Head and neck	11%	474	
2. Dermatologic	11%	475	
3. Lung	11%	477	
4. Food and Drug Allergy/Hypersensitivity Reactions	11%	473	
5. Anaphylaxis and Mast Cell Activation Disorders	10%	477	
B. Immunological Disorders	45%		
1. Immune Inflammatory Disorders	10%	478	
2. Immunodeficiencies	16%	478	
3. Eosinophilic and Gastrointestinal Disorders	6%	473	
4. Immune system & Research Principles	9%	479	
*5. Non-disease specific pharmacology/therapeutics	2%	472	
*6. Allergens, Antigens and Extracts	2%	402	
*C. Emerging Health Priorities	1%	NA	



*<5% items

Program Director Responsibilities

- Evaluations
 - Clinical competency every 6 months
 - · Procedural skills assessment
 - Final evaluation (practice competently w/o direct supervision)
 - Portal e-signatures signify accuracy and review by the fellow
 - Retain copies for stakeholders (ABAI does not release)
 - Remediation plan for 2 consecutive (or final) unsatisfactory rating
- Inform graduates of 7yr board eligibility limit & MOC/CAP



Program Director Exception Requests

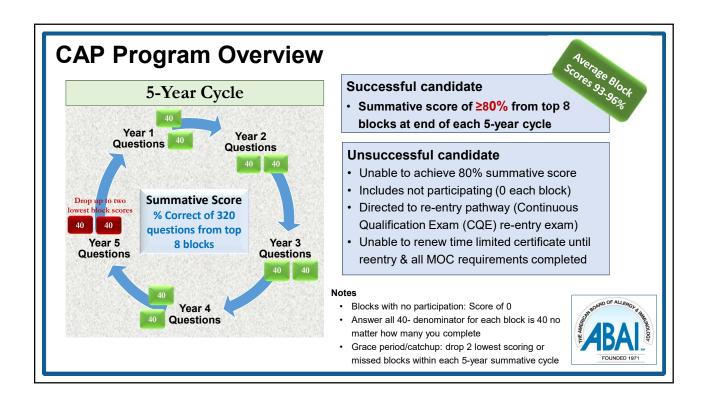
- Completion of 24 curriculum months in >36 total months
 - research pathways, extended leaves of absence
- >2 mo absence from training (10wks if parental leave)
- Off-cycle exam date window near misses
- Combined training tracks
 - accelerated residency/fellowship pathway
 - · dual fellowships



Outline

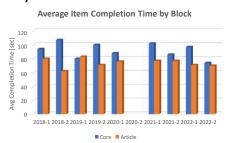
- ABAI 2022 Year in Review
- Certification Update
- Faculty Development
 - CAP Update
 - PD/APD/Faculty Part IV opportunities
 - ABAI volunteer opportunities
- Looking ahead to 2023





ABAI CAP

- Average block score 93-96%
- Diplomate feedback & satisfaction (2022 block 1)
 - Content relevant to my practice
 - 98% strongly agree or agree
 - Helped Identify Knowledge/Practice Gaps
 - 93% strongly agree or agree
 - Practice Changes Based on Knowledge Acquired
 - 75% strongly agree or agree



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High ratings for relevancy & promoting practice changes

CAP 2022 Block 1 Mean % Correct by Category

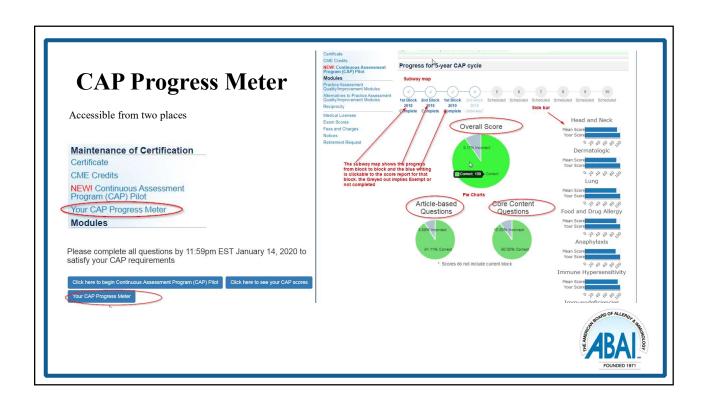
I. Hypersensitivity Disorders

A. Head and Neck	96%	
A. Head and Neck	50/0	
B. Dermatologic	93%	
C. Lung	92%	$C_{u_{m_{u_{1}}}}$
D. Food and Drug Allergy	92%	first 8 by
E. Anaphylaxis	96%	Cumulative ave first 8 blocks*
II. Immunological Disorders		97% w/ 2 drops
A. Immune Hypersensitivity	95%	Ops
B. Immunodeficiencies	88%	
C. Eosinophilic or Gastrointestinal	91%	
III. Emerging National Health Priorities	97%	

ABAI CAP 5 Year Cycle Essentials:

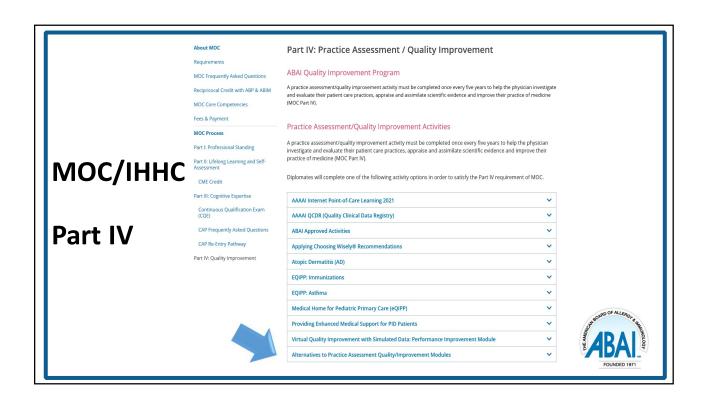
5 year Cycle Summative Assessment

- Summative assessment = % correct of top 8 of 10 blocks (320 items)
- Standard = >80% correct of top 8 blocks (320 items)
- Individual semi-annual blocks are not pass/fail
- Article & core item combined score (not pass/fail for either)
- Lowest 2 scoring blocks each 5 year cycle automatically dropped
- Feedback reviewed each block leading to score adjustments
- Every block analyzed for difficulty (ensures 80% standard appropriateness)



Tips for Success

- Avoid stress & performance risk from last minute completion
- Complete every block, even if starting off slow
- Make full use of open book- download articles before answering items
- Download all articles for your reference library (available entire block!)
- Check your progress meter frequently
- Remember that 2 lowest scoring blocks will be dropped
- Explore and ensure keeping up to date in all topic areas
- Contact our office with any questions or technical difficulties
- Continue to provide feedback to help us continually improve CAP



Part IV Alternatives

- Development and Transmission of Knowledge
 Service for Self-Improvement
 - Grant recipient of at least 3 years
 - Publication of QI article in a recognized peer reviewed journal
 - Publication of clinical trial in a recognized peer reviewed journal
 - Publications of scholarly work that advances the field (at least 3 articles in a 5 year period)
 - Editor, Associate Editor, Assistant Editor, editorial board member or reviewer for Annals, Allergy, Asthma and Immunology, JACI, JACI in Practice or JCI or other recognized peer reviewed journal pertinent to the specialty of Allergy and Immunology
 - Reviewer of articles for Annals, Allergy Asthma and Immunology, JACI, JACI in Practice or other recognized peer reviewed journals (minimum 5 reviews in a 2 year period)
 - Service as ACGME accredited Allergy & Immunology training program director, training program key faculty or as a member of Training Program Clinical Evaluation

- Academic advancement (i.e. Assistant Professor, Associate Professor)
- Participation in a program designed to prevent or ameliorate symptoms of professional burn-out
- Successful completion of a leadership program conducted by a recognized provider such as a national professional society (i.e. AAAAI, ACAAI, CIS, AAP, AMA), AAMC or academic institution.



Part IV Alternatives

- ABAI Mentorship/Supervision Module
 - Supervision of learners, staff, colleagues, tech or research support
- Service to the Profession
 - · Leadership in national specialty society (i.e AAAAI, ACAAI, CIS, AAP, and AMA)
 - Service on program committee of national professional society (i.e. AAAAI, ACAAI, CIS, AAP, and AMA)
 - Service as Chair/Vice Chair on a quality improvement committee (i.e. registry, measures) of a national allergy & immunology professional society (i.e. AAAAI, ACAAI, CIS, AAP, AMA)
 - Grant reviewer for national professional society (i.e. AAAAI, ACAAI, CIS, AAP, AMA)
 - Service in leadership role of a Regional, State or Local Allergy Society
 - Service on the ACGME review committee for allergy and immunology, internal medicine or pediatrics

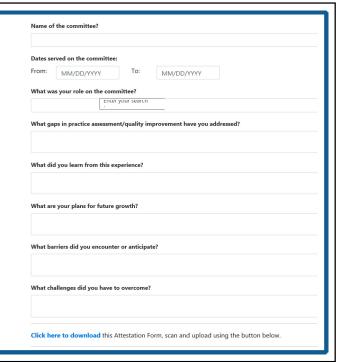
Service to Improve Safety and Patient Care

- · Service on QI Committee of hospital, department or practice
- Service on root cause analysis (RCA) Committee
- Specific QI project/activity for hospital, department or practice
- Service on hospital, departmental or practice committee relevant to improved patient care or safety such as pharmacy and therapeutics, staff peer or other committee directed toward improvement of clinical services
- Leadership and/or regular participation in case conferences directed toward improved care



Part IV Alternative QI Committee

- Must have occurred within your current 5 year MOC cycle.
- Complete Request Form
- Active member on QI committee for at least 3 years
- Acknowledgement and Attestation Form must be completed by current Committee Chair
- <u>Upload supporting documentation</u> <u>by Oct 1 for credit that year</u>
- Incomplete requests may result in denial and and need to reapply



Professional Development Opportunities: A/I Fellowship Program Leaders & Faculty

- ABAI Board of Directors
- ABAI Test Writing Committee
- ABAI Ambassadors
- Pathways
 - Sponsors (AAAAI, ACAAI, AMA, AAP, CIS)
 - ABAI Director nomination
 - Self-nomination



ABAI Ambassador Program

- Enduring program designed to engage new and active diplomates to
 - serve as ABAI speakers, local and regional reference resource for diplomates, ABMS, state & specialty societies, training programs, and patients
 - serve as a reference body for ABAI initiatives and continuous program improvement
 - conduct presentations on behalf of the ABAI on issues relevant to certification to physicians, credentialers, legislators, regulators and other stakeholders
 - assist with advocacy efforts
- Goal- at least 1 per state
- MOC fee waived if conducting presentations
- Term- 2 years renewable
- Self-nomination annually



ABAI Test Writing Committee

- 16-18 board certified members
- Duties
 - Each block (twice per year)
 - Select 2-3 articles per assigned category
 - Write 4-5 questions per article
 - Write 3 core questions
- Term
 - 2 years renewable x1 at chair discretion based on TWC needs
- Self-nomination annually



TWC & Ambassador Qualifications

- Applicants must
 - read and acknowledge the Non-Disclosure Agreement
 - abide by the ABAI Conflict of Interest Policy
 - abide by the ABAI Agreement for TWC members
 - abide by the ABAI Speaking Engagement Guidelines
 - agree they are not eligible to participate in CAP article review courses or CME credit activities related to these courses or articles
 - agree to write questions for any category that they're assigned



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- ABAI 2022 Year in Review
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Date	Event	
January 1	Cert (\$2650) & CQE (\$2600) Registration Opens	
January 15	CAP 2022 – Block 2 Closes	
February 15	CAP 2023 – Block 1 Opens	
April 15	CQE Registration Closed	
April 30	Cert & CQE Registration Deadline Before \$500 Late Fee	ABAI 2023
May 31	Cert & CQE Registration Closed	
July 15	CAP 2023 – Block 1 Closes	Calendar
August 4	Approximate Registration <u>Test Site</u> Opens for Cert	
August 15	CAP 2023 – Block 2 Opens	
August 31	Cert & CQE Cancellation Deadline	
September 22	Cert & CQE Application Documentation Due	
September 29	Cert & CQE Exam Start Date	
October 3	Cert & CQE Exam End Date	and of Allen
November 30	2023 Cert Exam Results Released	AD A I
December 1	2023 CQE Results Released	POUNDED 1971

ABAI in 2023

- New ABMS Standards review and implementation
- DEI initiatives
- Ambassador program launch
- Bylaws update
- Strategic Plan implementation
- Website & data management enhancements





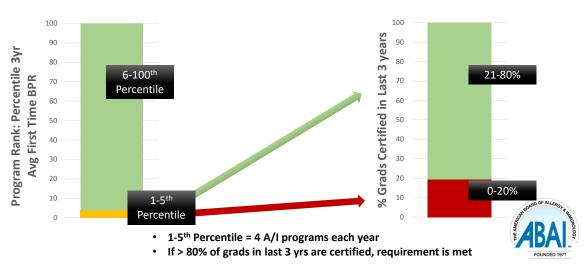




THANK YOU!







ACGME Allergy-Immunology Program Requirements Board Pass Rates

V.C.3.a)

For specialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty. (Outcome)

V.C.3.e)

For each of the exams referenced in V.C.3.a)-d), any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that specialty. (Outcome)

Background and Intent:

Setting a single standard for pass rate that works across specialties is not supportable based on the heterogeneity of the psychometrics of different examinations. By using a percentile rank, the performance of the lower five percent (fifth percentile) of programs can be identified and set on a path to curricular and test preparation reform.

There are specialties where there is a very high board pass rate that could leave successful programs in the bottom five percent (fifth percentile) despite admirable performance.

These high-performing programs should not be cited, and V.C.3.e) is designed to address this



ACGME Allergy-Immunology Program Requirements Board Pass Rates

V.C.3.f)

Programs must report, in ADS, board certification status annually for the cohort of board-eligible residents that graduated seven years earlier. (Core)

Background and Intent:

It is essential that residency programs demonstrate knowledge and skill transfer to their residents. One measure of that is the qualifying or initial certification exam pass rate. Another important parameter of the success of the program is the ultimate board certification rate of its graduates.

Graduates are eligible for up to seven years from residency graduation for initial certification. The ACGME will calculate a rolling three-year average of the ultimate board certification rate at seven years post-graduation, and the Review Committees will

The Review Committees will track the rolling sevenyear certification rate as an indicator of program quality. Programs are encouraged to monitor their graduates' performance on board certification examinations. In the future, the ACGME may establish parameters related to ultimate board certification rates.

2022 Certification Examination Blueprint

- A. Hypersensitivity Principles and Disorders (epidemiology, risk factors, clinical presentation, diagnosis and differential diagnosis, treatment/management, physiology/pathophysiology)
 - Head and neck

 - a. Nasal (allergic and non-allergic rhinitis)
 b. Sinus (acute and chronic, NP, allergic fungal sinusitis)

 - Dermatologic
 a. Eczema/Atopic Dermatitis
 - b. Contact Hypersensitivity
 - Urticaria
 - d. Angioedema (hereditary and acquired)

 3. Lung Asthma and related disorders

 - b. Occupational diseases

 - c. ABPA
 d. Hypersensitivity pneumonitis
 - Eosinophilic granulomatous polyangiitis (CSS)

 - e. Eosinophilic granulomatous polyangiitis (CSS) f. COPD/ILD g. Acute & chronic clinical presentations (cough, dyspnea, wheezing) or Undiagnosed clinical presentations (cough, dyspnea, wheezing)
 - 4. Food and Drug Allergy/Hypersensitivity Reactions (not including eosinophilic Gl disease)
 a. IgE mediated food allergy

 - b. Non-IgE mediated food allergy (not including eosinophilic GI disease) c. Drug Allergy/Hypersensitivity
 5. Eosinophilic and Gastrointestinal Disorders

 - a. Eosinophilic b. HES

 - C. Others, including IBD, celiac
 Mast Cell, Anaphylaxis and other Hypersensitivity Disorders
 Mast cell disorders

 - b. Idiopathic anaphylaxis
 c. Exercise induced anaphylaxis
 d. Latex hypersensitivity

 - e. Other hypersensitivity disorders

- B. Immune System Principles and Disorders (epidemiology, risk factors, clinical presentation, diagnosis and differential diagnosis, treatment/management, physiology/pathophysiology)
 - 1. Immunodeficiencies
 - a. SCID, CID

 - b. Other T cell disorders
 c. Humoral B cell disorders (hypogammaglobulinemia, antibody deficiencies)
 - d. Phagocytic disorders
 e. Complement disorders

 - f. TLR signaling pathways
 - g. IL-12/IFN-gamma pathways h. Secondary immunodeficiencies
 - Other immune dysregulation and immunodeficiencies
 - 2. Immune Hypersensitivity Disorders

 - a. Immune complex Disorders
 b. Autoimmune disorders (not including immunodeficiency related)

 - c. Autoinflammatory (febrile) disorders
 d. Other aspects of immune-mediated inflammation (e.g., vaccination, immunotherapies for neoplasia)
 - 3. Immune System & Research Principles
 - a. Immune system development/normal immune system
 - b. Cellular mechanisms of immune responses including cytokines and mediators
 - c. Antibody structure and function

 - 4. Non-specific pharmacology/therapeutics
 - 5. Allergens/antigens (non-disease specific properties)
- C. New! Emerging National Health Priorities



ABAI COVID-19 Response: Initial Certification

- Option to defer 2020 cert exam to 2021 (w/o reapplication or added fee)
- Extended 2020 exam window for completion of the 2020 certification exam
- Assisted candidates with Pearson VUE scheduling
- One-time ↑ from 8 to 10 wks for max time away for 2020 & 2021 grads
- Supported COVID-19 education & activities inclusion in fellowship curricula
- Extend board eligibility from 7 to 8 yrs for 2020 candidates (clock not reset)
- Accepting case by case exception requests for missing requirements



ABAI COVID-19 Response: Continuing Certification

- Extended 2020 certificate expiration date to 12/31/2021
- Extended deadline for all MOC requirements (Parts I-IV) due in 2020 to 12/31/2021
- Extended CAP 2020-Block 1 from 7/15/20 to 1/15/21 (cancelled CAP 2020-Block 2)
- Extended 2020 MOC annual fee deadline to 12/31/2021 without penalty
- Updated web page with links to specialty & national pandemic resources
- Providing expedited certification status confirmation to credentialing bodies
- COVID 19 practice improvement activities eligible for part IV attestation



