

Guidelines for Professionalism, Licensure, and Personal Conduct The American Board of Family Medicine (ABFM)

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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 learners and the public about the profession, the establishment and application of standards to the profession, limitations of the profession;
- 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. A physician's professionalism shall be called into question and reviewed by the American Board of Family Medicine at such time as the physician is subject to an adverse action by a Governing Body (defined below) resulting in licensure denial, the voluntary or involuntary surrender of a license or practice privileges, suspension, withdrawal, revocation, rescission, cancellation, or the imposition of limitations or other requirements, as defined by the ABFM, against the physician's medical practice privileges. A Governing Body shall mean a legally constituted entity with control over either the credentialing or privileging of 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, Institutional Review Boards and Ethics Committees of Medical Schools, Hospitals, and Medical Clinics, and appropriately constituted boards or agencies within the Department of Defense, the United States Public Health Service and the Department of Veterans Affairs with jurisdiction over physician credentialing and privileging requirements.
- B. Demonstration of unethical, unprofessional, dishonest or immoral behavior, failure to provide accurate and complete responses on applications or forms submitted to the American Board of Family Medicine or Governing Bodies (defined above), misrepresentation of Diplomate status, medical licensure 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.
- 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.
- D. A physician found by ABFM to be in violation of the ABFM professionalism guidelines (Section I above) or personal conduct guidelines (Section III below) shall be ineligible to apply for certification or to regain certification for a period no less than the time determined by the Credentials Committee. Upon the expiration of such period, the physician may apply to ABFM to regain eligibility for certification, provided he/she has not incurred any new or additional ABFM professionalism violations in the interim period and provided he/she is in full compliance with ABFM licensure and personal conduct guidelines.

II. Licensure

To obtain and maintain certification, a physician must either (1) hold a medical license which is currently active, valid and full in the United States, its territories, or Canada, and the physician should not be subject to any practice privilege limitations in any jurisdictions in the United States, its territories, or Canada, subject to the exceptions noted in Section II. B. 1-5 below (referred to as an "Unlimited License"), or (2) qualify to select and actually select the status of Clinically Inactive, and hold either an Unlimited License (as defined in the immediately following subsection), or a Qualified Clinically Inactive Medical License (as defined in Section II. C.).

A. An Unlimited License shall mean any medical license with full medical practice privileges (including but not limited to, and for purposes of example only: training, charity, military, practicing, inactive, etc.) that is not subject to practice limitations. For purposes of this Policy, a medical license shall be deemed to be "subject to practice privilege limitations" if, as a result of an adverse action by a Governing Body, the physician:

1. shall have had his/her medical license denied, withdrawn, revoked, or not renewed by a Governing Body;
2. shall surrender, either voluntarily or involuntarily, the physician's license or certain practice privileges as a result of or during the pendency of an adverse action, or under threat of an adverse action;
3. shall have had his/her license suspended for a specified or unspecified period of time;
4. shall have been made subject to practice privilege limitations, regardless of whether or not such practice privilege limitations are imposed by order of the Governing Body, are a condition to the issuance of the license, or are the result of a voluntary or involuntary agreement between the physician and the Governing Body, such practice privilege limitations to be determined by the Credentials Committee of the American Board of Family Medicine as those which affect, restrict, alter, or constrain at any time or in any location, the practice of medicine or the right of a physician to treat a presenting patient, including, but not limited to, medical practice limitations that:
 - a. preclude the right of a physician to self-treatment or treatment of family members; or
 - b. limits the right of a physician in the prescription of medications; or
 - c. requires the direct supervision of a physician during the examination or treatment of one or more patients; or
 - d. requires the presence of a chaperone during the examination or treatment of one or more patients, or
 - e. either limits or restricts the right of a physician to treat or examine patients to a specific location, or restricts or limits the right of a physician to treat or examine patients to any location; or

- f. limits the hours or periods during which the physician is permitted to engage in the examination or treatment of patients (such as a limited work week); or
- g. except as provided in Section II. B. 5 below, restricts the geographical location(s) within the jurisdictional boundaries of the Governing Body in which a physician is permitted to engage in the examination or treatment of patients; or
- h. requires that the physician's medical practice be limited to the practice of medicine only in a group setting; or
- i. restricts the medical practice site or type of practice of a physician, other than a general limitation limiting the physician to the scope of practice permitted for Family Physicians.

A practice limitation imposed against a physician by a Governing Body shall not be deemed to be in violation of this Policy if the limitation is applicable to all other physicians practicing under medical licenses governed by the applicable Governing Body.

- B. A physician's license shall not be deemed "subject to practice privilege limitations" 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. 1-4 of these Guidelines, even if such letters are made part of the physician's record;
 - 2. Shall have
 - a. voluntarily entered into a rehabilitation or remediation program for impairment, dependency, or practice improvement program ("Remediation Program") resulting in the imposition of limitations which are enumerated in Section II. A.1-4, or
 - b. shall have voluntarily sought to limit or agreed to limit the physician's medical practice ("Voluntary Limitation") resulting in the imposition of limitations which are enumerated in Section II. A.1-4,

unless the participation in the Remediation Program or the Voluntary Limitation is a requirement of a Governing Body or is required for the issuance or maintenance of a license, or is a requirement from the Governing Body to obtain the Governing Body's permission to reenter medical practice;

- 3. Shall have been placed on probation without any specific practice privilege limitations, sanction, condition, requirement, or restriction on practice as described in Section II. A. 4 above;
- 4. Shall hold an Unlimited License not subject to practice privilege limitations to practice medicine in any jurisdiction in which he/she has currently and actively engaged in medical practice (as determined by the ABFM in its sole and absolute discretion) for not less than six (6) continuous years prior to applying for certification or to regain certification, and the physician further meets the following requirements:
 - a. the physician shall not have had a medical license denied in another jurisdiction for a reason other than the one initially responsible for the

- physician's loss of certification, for not less than six (6) continuous years prior to applying for certification or to regain certification, and
- b. the physician shall not have violated ABFM Professionalism or Personal Conduct guidelines (Section I and Section III) for not less than six (6) continuous years prior to applying for certification or to regain certification, and
 - c. for all other licenses held, the physician shall have received no new or additional practice privilege limitations as described in Section II. A. 1-4 above, nor received a letter of reprimand, nor been censured or placed on probation, for not less than six (6) continuous years prior to applying for certification or to regain certification.

In evaluating the physician's engagement in medical practice, the ABFM shall be allowed to consider scope, setting, and patient care responsibilities of the physician.

5. The ABFM may determine, based upon the facts and circumstances of the adjudication by a Governing Body, that the imposition of conditions upon a physician's practice privileges, which (1) merely prohibits practice in the physician's or patient's home or principal place of residence; and (2) is imposed as part of published and publicly available standard language in model disciplinary orders routinely contained in disciplinary orders issued by the Governing Body, and (3) is included as part of the disciplinary process without regard to the specific allegations or charges against the physicians, shall not be deemed in violation of this Policy.
- C. Physicians selecting a status of Clinically Inactive must either hold an Unlimited License or a Qualified Clinically Inactive Medical License. A Qualified Clinically Inactive Medical License shall mean a medical license issued by any jurisdiction in the United States, its territories, or Canada, which:
1. is issued by the licensing jurisdiction in a license category created in the jurisdiction to permit physicians to maintain a medical license recognizing the clinical inactivity of physicians for reasons such as retirement, illness, disability, work by the physician in non-clinical areas such as medical research, or the practice of professional managerial or administrative activities related to the practice of medicine or to the delivery of health care services;
 2. subjects the holder of the license to the medical practice act of the issuing jurisdiction including disciplinary authority of the medical board and the medical board's professionalism requirements;
 3. subjects the holder to the same requirements of the issuing jurisdiction as physicians holding an active medical license, including regulations governing license renewal (which may vary by license category), fees (which may vary by license category), and discipline, but excluding continuing medical education, patient diagnosis or treatment, prescription privileges, or medical authority delegation;

4. at the time of issuance of the license, the physician was in compliance with ABFM's Guidelines for Professionalism, Licensure, and Personal Conduct;
5. the Qualified Clinically Inactive License shall not have been issued during the pendency of an adverse action by a Governing Body, or under threat of an adverse action by a Governing Body; and
6. during the period the physician holds a Qualified Clinically Inactive License, the physician shall not have any adverse action by a Governing Body against any other medical license held by the physician which resulted in the imposition of practice limitations.

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 by which the Required Data are 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 Family Medicine Certification Requirements.

IV. Family Medicine Certification

To participate in Family Medicine Certification 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 Family Medicine Certification may be terminated if, as a result of action or threatened action by a Governing Body, a physician's license is revoked, surrendered prior to, during, or following an inquiry or investigation, or permanently subject to practice privilege limitations.

- B. A physician's participation in Family Medicine Certification may be terminated if 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 Family Medicine Certification may be terminated if 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 Guidelines were effective as of May 1, 2015, their date of adoption by the Board of Directors of the ABFM, except as further modified including the most recent modification adopted as of October 8, 2019, and may be revised or amended pursuant to appropriate authority of the ABFM. Prior to May 1, 2015, the Guidelines in effect prior to that date shall be in effect.

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