

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

Version 2021-1

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1. **Introduction.** Professionalism is at the foundation of medicine’s social contract with society. For the privilege of self-regulation, autonomy and financial reward, society expects physicians to place the interests of patients above their own, maintain standards of competence and integrity, and consistently demonstrate trustworthiness with patients, colleagues, coworkers, and the public. In 2012 the American Board of Medical Specialties (“ABMS”) adopted the following definition of professionalism:

“Medical professionalism is a belief system in which group members (“professionals”) declare (“profess”) to each other and the public the shared competency standards and ethical values they promise to uphold in their work and what the public and individual patients can and should expect from medical professionals.”ⁱ

Professionals possess a complex body of knowledge and skills that are used in the service of others; are governed by codes of ethics; and profess a commitment to competence, integrity, morality, altruism, and the promotion of the public good.ⁱⁱ Embodied within physician professionalism is the core value that, as professionals, physicians accept responsibility for their own professional and personal conduct and reflect on their actions and decisions. Finally, they demonstrate concern for professionalism in others within the profession. It is expected that all physicians demonstrate a willingness toⁱⁱⁱ:

- Subordinate a physician’s individual interests to the interests of others.
- Adhere to high ethical and moral standards.
- Respond to societal needs in a manner that reflects a social contract with the communities served.
- Evince core humanistic values, including honesty and integrity, caring and compassion, altruism and empathy, respect for others, and trustworthiness.
- Exercise and accept accountability for themselves and for their colleagues.
- Maintain the knowledge and skills essential for good medical practice and exhibit a commitment to scholarship and advancement of clinical skills, medical knowledge, professional behavior and personal development.
- Demonstrate the interpersonal skills necessary to work cooperatively in the interest of patients and the public.
- Demonstrate a continuing commitment to excellence.
- Deal with high levels of complexity and uncertainty.

While professionalism may be a belief system, the understanding of, and commitment to, professionalism is reflected through a physician’s conduct and behavior, as more specifically defined in Section 3.2.

2. **Role of ABFM.** The ABFM applauds the extraordinary efforts of the overwhelming majority of physicians who embrace and advance the positive impact of professionalism through their

continuous dedication to education and advancing the profession, providing excellent patient care, and maintaining and advancing the highest moral and ethical behavior. ABFM shares in that commitment and we will work tirelessly to advance and recognize the enormous contributions to, and advantages of, providing the highest quality of care to patients and maintaining their continued commitment to the social contract that defines professionalism.

While fostering and encouraging physicians in the pursuit of professional behavior, ABFM must also establish a framework and guidelines for assessing whether ABFM certified family physicians (“Diplomates”) have satisfied the responsibilities of professionalism necessary to seek or maintain Diplomate status. Accordingly, ABFM’s Board of Directors has adopted these Guidelines for Professionalism, Licensure and Personal Conduct (“Guidelines”).

ABFM considers a three-part framework in assessing professionalism of Diplomates or those seeking to become Diplomates:

1. Does the physician provide care that is safe?
2. Does the physician demonstrate honest, ethical and non-disruptive behavior that is competent and trustworthy to patients, colleagues, coworkers and the public?
3. Does the physician practice at the level expected of a board-certified family physician?

Evaluation and adjudication of potential violations of these Guidelines may require reliance on the official and documented actions, orders, records and findings of “Governing Bodies,” defined below in Section 3.1, in proceedings involving the physician under review (collectively referred to as “Governing Body Actions”). It is the policy of ABFM to rely on the Governing Body Actions where the physician has been provided the opportunity to defend the actions and to be represented by counsel or where the Governing Body imposed authorized emergency action without the benefit of a prior hearing. Unlike Governing Bodies, ABFM lacks sufficient investigatory capacity and legal authority to issue subpoenas, take sworn testimony or sanction false testimony. For these reasons, ABFM relies on and gives full faith and credit to the Governing Body Actions.

If a physician is called upon to defend a claim of violation of these Guidelines the fundamental questions center around whether the actions of the physician violate these Guidelines rather than whether the conduct or behavior actually occurred. The occurrence of the actions or conduct may have already been established through the Governing Body Action.

Our process does not, and will not, rely on mere unsupported allegations; rather ABFM will act on Governing Body Actions with findings of fact, or through the agreement or consent between the Governing Body and the physician, including Governing Body Actions imposed as a result of the lack of input or cooperation of the physician. Once the Governing Body Action has been imposed, ABFM will not attempt to evaluate the correctness or fairness of the Governing Body Action, as the physician has already been afforded that opportunity through the adjudication before the Governing Body.

ABFM is committed to a fair and reasonable process in first determining any basis for an initial finding of Guideline violations by ABFM staff and a fair and reasonable appeals process if there is an initial determination of a Guideline violation. The ABFM process extends to each physician the opportunity to present written materials, as well as the right to be represented by legal counsel, in defending or contesting claims of violations of these Guidelines. This process is fair, reasonable and extends to the physician both procedural and substantive administrative due process rights. In-person hearings are not extended to appeals candidates. Procedures for processing and appealing professionalism claims can be accessed by notifying ABFM staff.

3. Guideline Overview. These Guidelines delineate and make explicit the standards by which ABFM will assess Guideline compliance by the adoption of Policies for Diplomate Licensure

("Licensure Policy") and Diplomate Personal/Professional Conduct ("Personal/Professional Conduct Policy").

3.1. **Licensure.** Withdrawal of Diplomate status or a denial of a physician's certification or eligibility for certification will be considered at such time as the physician is subject to an adverse Governing Body Action resulting in licensure denial; voluntary or involuntary surrender of a license or practice privileges; suspension, withdrawal, revocation, rescission, cancellation, or imposition of limitations or other requirements 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; appropriately constituted boards or agencies within the Department of Defense, the United States Public Health Service, the Indian Health Service, and the Department of Veterans Affairs; or any other Governing Body with jurisdiction over physician credentialing and privileging requirements. Details regarding specific licensure actions can be found in Section 4. Governing Bodies may also delegate authority to state-recognized physician health or rehabilitation programs ("PHPs") to address issues of substance abuse or addiction, and the resulting agreements between physicians and PHPs often affect physician's practice privileges. In all instances a court of law will be considered a Governing Body.

3.2. **Personal/Professional Conduct.** Section 1 of these Guidelines describes professionalism as a belief system reflected through conduct and behavior which demonstrates a physician's willingness to adhere to certain principles and objectives. Establishing standards of conduct for the demonstration of professional conduct and behavior requires, in many instances, looking beyond whether a physician has maintained compliance with licensure or credentialing requirements of Governing Bodies. In fact, there may be times where a physician's conduct falls below the professionalism standards, yet a Governing Body has either not taken action in connection with the conduct or has made licensing or credentialing determinations inconsistent with the requirements imposed under these Guidelines.

ABFM has adopted its Personal/Professional Conduct Policy (see Section 5) establishing mandatory Guidelines required for a physician to remain eligible for ABFM certification. 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. It is the responsibility of the physician to ensure that ABFM has current information about any action that may have been taken against the physician or any limitation that has been placed on the physician's medical license, with the expectation that this information will be provided to ABFM within 60 days of the infraction; failing to do so will be considered a violation of the Personal/Professional Conduct Policy of the Guidelines and will be referred to the Professionalism Committee.

A physician found by ABFM to be in violation of these Guidelines shall be ineligible to apply for, maintain or regain certification for a period of time determined by the Professionalism Committee of the ABFM Board of Directors. Upon the expiration of such period, the physician may apply to ABFM to gain or regain certification or eligibility for certification, provided that the physician has not incurred any new or additional ABFM professionalism violations in the interim period and is in full compliance with ABFM licensure and personal conduct guidelines. In some cases, a breach of professionalism may be considered sufficiently egregious as to result in permanent revocation of the certificate. More details may be found in Section 6: Regaining Certification.

3.3. **Order of Consideration.** Each case constituting a potential violation of these Guidelines will be reviewed by ABFM staff for potential violations of both the Licensure Policy (Section 4) and the Personal/Professional Conduct Policy (Section 5) and considered in the following manner:

(1) **Licensure Policy Violations.** The action will first be reviewed to determine whether a Governing Body has imposed a sanction or limitation which places the physician in violation of the Licensure Policy under Section 4. The initial focus will thus be on licensure withdrawals and/or restrictions/limitations.

(a) If one or more violations of the Licensure Policy are found, ABFM staff will determine whether the withdrawal of physician's certification or eligibility is appropriate.

(b) The Governing Body Action will next be reviewed to determine whether the findings of the Governing Body present a violation of the Personal/Professional Conduct Policy under Section 5 in addition to constituting a violation of the Licensure Policy. If ABFM staff determines that the conduct giving rise to the licensure violation(s) also constitutes a professionalism violation, the physician may be subject to additional review of any professionalism or personal conduct concerns by the ABFM Professionalism Committee prior to reinstatement of his or her certificate, including potential for an additional period of withdrawal of certification or eligibility after restoration of an unlimited license, depending on the nature of the professionalism violation.

(2) **Personal/Professional Conduct Policy Violations.** If ABFM staff first finds that there is *no* violation of the Licensure Policy in a Governing Body Action, or if the conduct under review was not subject to a Governing Body Action (ex: cheating on any ABFM examination or other violation of ABFM policy), Section 4 will not apply. ABFM staff will review the case to determine whether there was a violation of the Personal/Professional Conduct Policy (Section 5).

4. **Licensure Policy.** To obtain and maintain certification, a physician must hold an unlimited medical license in the United States, US territories, or Canada, which is currently active, valid and full and which is not subject to any practice privilege limitations in any jurisdictions in which the physician holds a medical license, subject to any Special Circumstances as defined in Section 4.4. ABFM recognizes that there are Special Circumstances applicable to disciplinary and non-disciplinary actions by Governing Bodies in each jurisdiction. On review of appeals, the ABFM Professionalism Committee may, in their sole discretion, find the presence of enumerated Special Circumstances (as addressed in Section 4.4) that do not result in the violation of ABFM Licensure Policy.

4.1. **Unlimited/Unrestricted License.** ABFM defines professional standing in terms of the absence of actions by regulatory authorities that signify a breach of professional norms. Absent the determination of the existence of Special Circumstances, maintenance of an unlimited medical license is an indicator of professional standing. For purposes of this Licensure Policy, a medical license limitation refers to the issuance of a limited or restricted license, or a change or denial in the medical license that has resulted from an adverse action by a Governing Body, such that the physician:

(1) Shall have had his/her medical license denied, withdrawn, revoked, or not renewed by a Governing Body or been permanently restricted from the practice of medicine in any jurisdiction in which physician holds a medical license;

(2) Shall have surrendered his/her license, either voluntarily or involuntarily,

or have had practice privileges limited or restricted 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; including any temporary, indefinite, emergency, or summary suspensions from the practice of medicine in any jurisdiction in which they hold a medical license; and

(4) Except where the ABFM Professionalism Committee finds the presence of Special Circumstances, shall have had one or more licensure restrictions or limitations imposed which:

(a) precludes the right of the physician to self-treatment or treatment of family members; or

(b) limits the right of the physician in the prescription of medications; or

(c) requires the direct supervision of the 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 the physician to treat or examine patients to a specific facility, population of patients, or geography, or restricts or limits the right of the physician to treat or examine patients to any location or to a group practice setting; or

(f) limits the physician to a work week of less than forty (40) hours or limits the periods during which the physician is permitted to engage in the examination or treatment of patients (such as a limited work week); or

(g) restricts the medical practice type or scope of practice of the physician based on findings of medical negligence, incompetence, unprofessional behavior or a breach of the medical practice act of the Governing Body jurisdiction.

4.2. ***Probation Status Not a Limitation.*** Disciplinary actions that result in the physician being placed on probation without any specific practice privilege limitation, sanction, condition, requirement, or restriction on practice as described in Section 4.1 shall not be deemed to be in violation of the Licensure Policy.

4.3. ***Limitations Imposed Only at the Jurisdiction of Origin.*** ABFM shall not find a violation of these Guidelines based on the reciprocal action of a Governing Body relying exclusively on the Governing Body Action or sanction from another jurisdiction rather than an independent evaluation (“Reciprocal Action”). If a physician is subject to a Reciprocal Action, the physician need only have the limitation removed in the jurisdiction of origin (regardless of the duration of the sanction resulting from the Reciprocal Action) in order to regain ABFM certification or eligibility. For example, the reciprocal loss of privileges in jurisdiction 2 would not be considered by ABFM in a Guidelines matter if the limitation from jurisdiction 2 is based solely on a Reciprocal Action from jurisdiction 1. However, the limitation imposed by jurisdiction 1, the jurisdiction of origin, would still be considered by ABFM.

4.4. ***Special Circumstances.*** One of the challenges in the imposition of Licensure requirements across the spectrum of unique and inconsistent jurisdictional medical licensure boards is ABFM's consistent, rational and fair enforcement that protects the public and enhances the standing of medical specialty board certification for all eligible Diplomates. To that end, ABFM recognizes that the presence of Special Circumstances may warrant the finding by the Professionalism Committee that certain actions by Governing Bodies against the medical license of a physician are not in violation of ABFM Licensure Policy.

(1) ***Limitations Not the Result of an Adverse Action.*** As noted in these Guidelines, licensure limitations in many circumstances result from an adverse action by a Governing Body, which includes action on examples such as inappropriate patient care, patient boundary violations, prescription misconduct, payor or billing improprieties, criminal activity, unethical, dishonest, or unprofessional conduct, violations of the governing jurisdiction's medical practice act, etc. However, there may be other circumstances when a Governing Body agrees to limitations against a medical license or physician activities at the request or petition initiated by the physician. Non-exclusive examples where a Licensure Policy violation would not exist include:

(a) a physician's voluntary surrender or non-renewal of a medical license due to the physician's cessation of medical practice in a jurisdiction;

(b) a physician's request to limit practice privileges or scope of practice due to the voluntary curtailment of a physician's medical practice;

(c) practice limitations sought by a physician due to the physician's physical limitations which preclude the ability to perform certain medical procedures or treatments.

In each instance of the finding of Special Circumstances associated with the physician's voluntary action there must be a showing that (1) the action of the physician was not undertaken in connection with the actual, pending, threatened or imminent investigation or disciplinary action of the physician by a Governing Body, and (2) the physician still maintained a medical license in at least one jurisdiction.

(2) ***Universal Limitations.*** There are circumstances where a Governing Body may impose specific written limitations against a physician's medical practice or conduct, yet all physicians licensed in that jurisdiction are universally subject to the same limitations. By way of example, a medical licensure board's order or consent agreement may not be a violation of the Licensure Policy if the jurisdiction's medical practice act or medical licensure board regulations preclude such conduct by all physicians licensed in that jurisdiction.

(3) ***Limitations for Self and Family Treatment.*** The Code of Medical Ethics adopted by the American Medical Association (AMA) provides that physicians should not treat themselves or members of their immediate family, except in limited circumstances. Governing Bodies frequently impose licensure limitations essentially following the format and substance of the AMA ethical standard on self and family treatment (see Section 4.1(4) (a)). Further, the licensure limitation may expand the limitation to other specific but limited categories of individuals with close affiliation with the physician (e.g. friends, fellow participants in physician health programs, etc.). Absent the presence of facts and circumstance in the Governing Body Actions linking a self and family (or other closely connected individuals) limitation to the specific conduct being sanctioned by the Governing Body, the self and family limitation, standing alone, may be deemed a Special Circumstance that does not place the physician in violation of these Guidelines.

(4) ***Ancillary License Types or Categories.*** Over the years medical licensure boards have significantly expanded the types and categories of medical licenses. This expansion has occurred primarily in recognition of the changing needs of an increasingly diverse physician population and their roles. License type examples include full, temporary, faculty or facility-based licenses, underserved area, public health, visiting physician, visiting professor, camp physician, consultative medicine, telemedicine, etc. A physician's voluntary application and receipt of an ancillary or alternative license standing alone could be determined to be a Special Circumstance that does not place a physician in violation of these Guidelines so long as the licensee has unlimited practice privileges for the environment for which the physician is licensed. Medical licensure limitations resulting from an adverse action, however, will not be deemed to be a qualifying Special Circumstance.

(5) ***Solo and Group Practice Limitations.*** Licensure limitations precluding a physician from solo practice or requiring that the physician practice only in a group setting (see Section 4.1(4) (e)) may be considered as a Special Circumstance where the limitation is imposed without regard to the specific allegations or charges against the physician. Where the limitation is imposed under circumstances involving inappropriate medical practice or conduct in the patient's or physician's home, the limitation imposition shall not be considered a Special Circumstance.

(6) ***Scope of Practice Limitations.*** There may be circumstances where practice limitations involve the curtailment of a physician's practice privileges to the scope of practice engaged in by a certified family physician, or the limitation prohibits the physician's practice in a practice area in which the physician does not practice medicine (see Section 4.1(4) (g)). These types of scope of practice limitations may be deemed to be Special Circumstances not placing the physician in violation of these Guidelines where the limitation is imposed without regard to the specific allegations or charges against the physician. On the other hand, a scope of practice limitation that does relate directly to the judgement or behavior involved in the adverse action will not be deemed a Special Circumstance. For example, limitations that preclude a physician's surgical practice, maternity care practice, etc. that are related to the nature of the adverse action against the physician shall not be considered Special Circumstances.

(7) ***Duty Hours Less Than 40 Hours Per Week.*** Section 4.1(4) (f) describes circumstances where the imposition of duty hours or times will be in violation of these Guidelines. The limitations are generally deemed to violate these Guidelines where the physician is limited to practicing less than forty (40) hours per week. There may be limited circumstances qualifying as Special Circumstances where the duty hour limitation is less than forty (40) hours but there are mitigating factors, including where the physician otherwise has full practice privileges and it can be determined that the duty hour limitation is imposed for a reasonable basis other than the safety of patients or the public.

(8) ***Practice or Treatment Monitor.*** Limitations requiring that a physician's medical practice, patient treatment or prescription rights are subject to monitoring by another health professional (see Section 4.1(4) (c)), shall be deemed Special Circumstances so long as the monitor is not required to (1) be present at the time of treatment of the patient and (2) is not required to give prior authorization for the issuance of prescriptions.

(9) ***Physician Selecting Clinically Inactive Status.*** ABFM permits physicians to voluntarily select the status of Clinically Inactive without violating the ABFM Licensure Policy. 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, US territories, or Canada, which:

(a) permits physicians to maintain a medical license recognizing clinical inactivity for reasons such as retirement, illness, disability, non-clinical work 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;

(b) 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;

(c) 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;

(d) at the time of issuance of the license, the physician was in compliance with these Guidelines;

(e) the Qualified Clinically Inactive License shall not have been issued during the pendency of an adverse Governing Body Action, or under threat of an adverse Governing Body Action; and

(f) 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 in violation of the Licensure Policy and shall not have been found to be in violation of the Personal/Professional Conduct Policy.

(10) ***Limitations Unrelated to Underlying Conduct.*** The ABFM Professionalism Committee may determine, based upon the facts and circumstances of the adjudication by a Governing Body, that the imposition of one or more limitations upon a physician's practice privileges may be considered as a Special Circumstance if the limitation(s) (1) is imposed as part of published and publicly available standard language routinely contained in model disciplinary orders issued by the Governing Body, and (2) is included as part of the disciplinary process in all similar medical board actions in the jurisdiction without regard to the specific allegations or charges against the physician. A limited number of Governing Bodies impose model orders for disciplinary matters that are routinely inserted in each disciplinary order or agreement. For example, they may routinely impose standard practice limitations precluding a physician from treating patients in the physician's home or in the home of the patient; specify restrictions on solo practice; or preclude supervising physician assistants or advanced practice nurses. Absent a finding that such limitations are directly attributable to the conduct of the physician, the limitations would not place the physician in violation of the Guidelines.

(11) ***Participation in Physician Health Programs.***

(a) Physician Health Programs or similar rehabilitation programs ("PHPs") are state sanctioned organizations providing confidential treatment and remediation to impaired

or potentially impaired physicians suffering from medical, behavioral, psychiatric, addictive or other impairing conditions. Participation in a PHP may be by the voluntary enrollment of a physician or through the recommendation or mandate of a medical licensure board or other Governing Body. When recommended by a Governing Body the general intent is for the PHP to offer a diversionary step in lieu of formal disciplinary action. Medical licensure board mandates to participate in a PHP, on the other hand, often are evidenced by formal charges against the physician followed by formal Governing Body Action (consent agreement, Board Order, etc.).

(b) Entry into a PHP may be accompanied by a monitoring or aftercare agreement (“Contractual Agreement”), which, in many instances, impose medical practice or personal limitations. While the practice limitations are imposed by the Contractual Agreement only and not by the mandate of a Governing Body (e.g., appearing in a Governing Body Order), if the Governing Body mandates participation in and compliance with the PHP’s terms, ABFM will evaluate whether the imposed limitations place a physician in violation of these Guidelines.

(c) ABFM considers Contractual Agreement limitations imposed against a physician who has voluntarily entered the PHP, either on the physician’s own initiative or through the recommendation (rather than mandate) of a Governing Body, to be a Special Circumstance that does not place the physician in violation of these Guidelines.

(d) Even though the Contractual Agreement limitations may not be considered to place the physician in violation of these Guidelines, if the Governing Body Action imposes limitations, those limitations will be considered separately and the entry into a PHP alone will not preclude ABFM action for violation of these Guidelines.

(e) On the other hand, Contractual Agreement limitations imposed against a physician participating in a PHP as a mandatory license condition of a Governing Body, may be considered to place the physician in violation of these Guidelines under certain circumstances. Factors to be considered by the ABFM Professionalism Committee in adjudication of potential Guideline violations include:

(i) Whether the Governing Body imposed separate practice limitations against the physician;

(ii) The nature and extent of the conduct or actions of the physician, as evidenced by the Governing Body Actions, that contributed to the mandated participation in the PHP;

(iii) Whether the Contractual Agreement limitations, if imposed by the Governing Body, would place the physician in violation of these Guidelines;

(iv) The duration of participation in the PHP by the physician;

(v) The extent of verified compliance by the physician with the PHP requirements;

(vi) The physician’s potential risk of harm to the public;

(vii) Whether the action of ABFM will facilitate the physician’s

remediation and productive re-entry into the medical community;

(viii) Whether ABFM reasonably can conclude that its action to consider the PHP limitations as a Special Circumstance will not increase the risk to the public or to the physician;

(ix) Whether ABFM reasonably can conclude that the mandated entry into the PHP by the Governing Body is diversionary in nature and intended to avoid more formal disciplinary action.

5. **Personal/Professional Conduct Policy.** To obtain and maintain certification, a physician must adhere to the Guidelines for Professional Responsibility set forth in Sections 5.1 through 5.11 below. The failure to adhere to these Guidelines may be the basis for the denial of eligibility or withdrawal of certification for a physician and will be considered by ABFM in accordance with Section 3.3.

5.1. ***Maintain and Practice Professional Competence.*** Physicians must be dedicated to serving the interest of their patients which in turn requires that the physician exhibit a commitment to both lifelong learning and maintaining the necessary medical knowledge and clinical skills essential in providing quality patient care. Not only must the physician maintain the requisite medical knowledge and clinical skills, the physician must also continue to meet the medical standard of care applied in a specific treatment setting.

5.2. ***Demonstrate Honesty with Patients.*** The ability of patients to make or consent to decisions about their medical treatment requires that patients be fully and honestly informed by their physicians and that the physicians not provide any false or misleading information to patients. Patients must be sufficiently empowered to make informed decisions. Although unfortunate, there are times where physicians make errors in the diagnosis and treatment of patients. In such circumstances, honesty with patients extends to the need to inform patients in the event a medical error has occurred. Otherwise, physicians deprive themselves and the health care team of the opportunity to engage in improvement strategies and further compromise patient and societal trust. Honesty with patients can also extend to the need for disclosure by physicians of personal, professional, or financial relationships which could reasonably be expected to materially impact the treatment decisions or consents to be made by their patients.

5.3. ***Demonstrate Honesty with the Public.*** Not unlike the requirement that the physician be honest with patients, information provided by physicians to the public must be provided in a factual, honest and non-misleading manner, in keeping with the prevailing science.

5.4. ***Respect Patient Confidentiality.*** Except in extraordinary circumstances involving the protection of a patient or the public, a physician has the duty to respect and protect the confidentiality of patient data and information.

5.5. ***Maintain Appropriate Relationships with Patients.*** The physician must avoid any relationship with the patient that provides an opportunity to exploit the vulnerable and dependent nature of the physician-patient relationship. By way of example the physician should never be involved in a romantic or sexual relationship with a patient nor should the physician exploit any patient relationship for financial gain or other private purpose that does not properly reflect the primacy of the patient's welfare.

5.6. **Maintain Appropriate Professional Relationships.** The duty of the physician to maintain appropriate relationships also extends to the need of a physician to maintain honest, cooperative and professional working relationships with other healthcare professionals. Abusive or disruptive behavior in a healthcare environment can be detrimental to patients and to the public.

5.7. **Activity Involving Drugs.** Given the ongoing crisis with dangerous substances, ABFM may determine there is a violation of the Personal/Professional Conduct Policy for a physician's prescribing, selling, administering, distributing, diverting, ordering or giving any drug legally classified as a controlled substance or recognized as an addictive or dangerous drug for other than medically accepted therapeutic purposes.

5.8. **Personal Conduct.** Physicians must recognize responsibility to patients first and foremost and be responsible for maintaining respect for the law. 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 plea, *nolo contendere* plea or an Alford plea, or deferred adjudication without expungement, may be judged as sufficient cause for a determination of a violation of the Personal/Professional Conduct Policy.

5.9. **Misrepresentation and Misuse.** ABFM may determine a violation of the Personal/Professional Conduct Policy for a physician found to have committed:

- fraud or misrepresentation of Diplomate status, medical licensure status or ABFM Board Eligible status;
- a violation of the ABFM Trademark Use Policy; or
- a failure to provide accurate and complete responses on applications or forms submitted to ABFM or Governing Bodies.

5.10. **Physician Responsiveness.** Processing of physician information requires the physician's submission of certain "Required Data" to ABFM. Failure to timely provide complete and accurate Required Data to ABFM may be a basis for a determination by ABFM of a violation of the Personal/Professional Conduct Policy.

5.11. **Assessment Irregularities.** Failure to adhere to the examination guidelines, cheating on or attempting to subvert an ABFM examination, or harvesting or attempting to harvest examination items, on either the one-day examination or the Family Medicine Certification Longitudinal Assessment, shall constitute a violation of the Personal/Professional Conduct Policy.

6. **Regaining Certification.** In the event that board certification or eligibility is withdrawn pursuant to these Guidelines, a physician's status with ABFM may be reinstated on the terms outlined in this Section 6, depending on the basis for the violation. Where ABFM finds that a physician is in violation of both the Licensure Policy and Personal/Professional Conduct Policy (Sections 4 and 5), reinstatement will require compliance with terms of reinstatement established by ABFM for both the Licensure Policy and Personal/Professional Conduct Policy violations.

6.1. **Licensure Violations.** Physicians who are determined to have licensure limitations in violation of Section 4 ("Licensure Policy") of these Guidelines may request reinstatement upon verification that the physician holds an unlimited medical license in all jurisdictions in which the physician is licensed and that all limitations in violation of these Guidelines have been removed. Subject

to the application of the provisions of Section 4.3, where physician is subject to a Reciprocal Action, reinstatement of certification may be sought upon verification that the physician's licensure limitations have been removed in the jurisdiction taking the original action, even if the sanction from the Reciprocal Action remains in effect. Verification that the limitation(s) were removed must be provided to ABFM from the Governing Body or Bodies that took action against the physician. Upon successful reinstatement of licensure, physician's certification or eligibility status will be determined pursuant to Section 6.4. Should the physician have received notice at the time of withdrawal of certification or eligibility for a violation of the Licensure Policy that his or her conduct would be subject to additional review for a professionalism violation prior to reinstatement, the physician's request for reinstatement will be reviewed by ABFM under Section 5 ("Personal/Professional Conduct Policy").

6.2. **Professionalism and Personal Conduct Violations.** Physicians who are determined by ABFM staff to have violated Section 5 (Personal/Professional Conduct Policy), in addition to or independently of any violation of the Licensure Policy contained in Section 4, will be subject to withdrawal for a period to be determined by the Professionalism Committee.

(1) The physician will be notified as follows:

(a) **Licensure and Professionalism Violations.** Violations of the Licensure Policy will be reviewed first by the ABFM staff. If ABFM staff determines that the physician has also violated the Personal/Professional Conduct Policy, the violation will be reviewed by the Professionalism Committee at such time that physician requests appeal of the license action. At that time, the Professionalism Committee may determine if an additional withdrawal period or subsequent review by the Committee is warranted prior to reinstatement of certification or eligibility. Upon completion of the imposed withdrawal period, the physician may request reinstatement of his or her status with ABFM. Physicians who fail to file a timely appeal may petition to the Professionalism Committee for consideration of reinstatement.

(b) **Professionalism Violation Only.** If the physician has elected to appeal ABFM staff action on the professionalism violation and the action is sustained, the physician will be notified of the withdrawal period upon receipt of the determination on appeal from the ABFM Professionalism Committee. Upon completion of the imposed withdrawal period, the physician may request reinstatement of his or her status with ABFM. Physicians who fail to file a timely appeal may petition to the Professionalism Committee for consideration of reinstatement.

(2) The withdrawal period will be determined by the Professionalism Committee based on the individual factual determinations of the Governing Body and/or the circumstances of the violation. Where applicable and determined to be appropriate, the Professionalism Committee may elect to impose a withdrawal period identical to a probationary period or a licensure limitation imposed by a Governing Body; however, the withdrawal period may exceed the duration of a limitation on the physician's license or other probationary period. In some cases, the professionalism and personal conduct violations may be serious enough to result in permanent loss of certification or future eligibility. Determination of the length of the withdrawal period will include, but not be limited to, consideration of the following factors:

(a) Whether the physician's conduct resulted in potential harm to one or more patients;

(b) The number of patients harmed or affected;

- (c) The scope and severity of the conduct;
- (d) Whether physician's conduct resulted in a disruption of services at physician's practice or affected the work of colleagues;
- (e) Whether there are multiple instances of conduct constituting professionalism violations;
- (f) Whether a criminal conviction resulted from the conduct;
- (g) Where fraud or similar conduct is at issue, the amount of the monetary damages caused;
- (h) Whether and how physician acted to remediate harm caused;
- (i) The physician's acceptance of responsibility;
- (j) The period of time that certification has already been withdrawn.

(3) Reinstatement may be requested after the termination of the withdrawal period set by the ABFM Professionalism Committee, or, where the imposed withdrawal period is concurrent with a probationary period imposed by a Governing Body, upon verification from the Governing Body that probation has been completed. Upon successful reinstatement, the physician's certification or eligibility status will be determined pursuant to Section 6.4.

6.3. **Successful Practice Rule Requests.** ABFM recognizes that there are circumstances where Governing Body Actions are difficult if not impossible to challenge, and in some instances may in fact be permanent limitations. In order to provide physicians the opportunity to rehabilitate their ABFM certification status, ABFM has established a period of time following a finding of a violation of these Guidelines beyond which a physician shall have the right to seek reinstatement.

(1) Physicians who have lost ABFM Diplomate status and are unable to remove one or more licensure limitations which were found to be in violation of Section 4 (Licensure Policy) and are ineligible for reinstatement pursuant to Section 6.1 may request reinstatement under ABFM's Successful Practice Rule. In order to request reinstatement pursuant to the Successful Practice Rule, physicians must provide verification of the following:

- (a) an unlimited medical license not subject to practice privilege limitations in any jurisdiction in which the applicant has currently and actively engaged in medical practice (as determined by ABFM in its sole and absolute discretion) for a period of time determined by the Professionalism Committee of not less than one (1) year but not more than six (6) continuous years prior to applying for eligibility for initial certification or to regain certification ("Applicable Period"). In evaluating the physician's engagement in medical practice, the ABFM Professionalism Committee shall be allowed to consider scope, setting, and patient care responsibilities of the physician;
- (b) within the Applicable Period 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;
- (c) within the Applicable Period the physician shall not have violated

ABFM's Personal/Professional Conduct Policy (Section 5); and

(d) for all other licenses held, the physician shall have received no new or additional practice privilege limitations in violation of the Licensure Policy (Section 4), nor received a letter of reprimand, nor been censured or placed on probation, within the Applicable Period.

(2) All appeals filed by a physician seeking reinstatement under the Successful Practice Rule shall be considered by the Committee after review and consideration of all relevant materials and documents the physician desires to submit to the Committee as well as all materials and documents required by the Committee, as communicated to the physician by ABFM staff.

(3) Upon successful reinstatement pursuant to the Successful Practice Rule, the physician's eligibility will be restored, and the physician will be eligible for Re-Entry as defined in Section 6.4, contingent upon the physician's continued compliance with these Guidelines and all other requirements for the maintenance of certification by Diplomates.

6.4. ***Restoration of Diplomat Status.*** Physicians shall have a three (3) year period after loss of certification to restore either board certification or eligibility. If more than three (3) years has elapsed, the physician may be required to complete the ABFM Certification Re-Entry Process ("Re-Entry"). Determination of status upon reinstatement will be made based on the physician's current level of participation in certification stage activities and the examination, as determined by ABFM records.

7. **Participation in Family Medicine Certification.** To participate in Family Medicine Certification a physician must fulfill all components of board certification for Family Medicine Certification.

7.1. 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.

7.2. A physician's participation in Family Medicine Certification may be terminated if ABFM determines that there is evidence of one or more demonstrations of unprofessional behavior, unlawful activity, or actions as enumerated in Section 5 of these Guidelines.

8. **Authority.** The American Board of Family Medicine shall have sole power and authority to determine whether the evidence or information provided by the Diplomat or a Governing Body is sufficient to constitute grounds for withdrawal of any Certificate issued by ABFM or other action as judged appropriate. The above Guidelines were effective as of their date of adoption by the ABFM Board of Directors, except as further modified, including the most recent modification adopted as of April 26, 2021, and may be revised or amended pursuant to appropriate authority of ABFM.

9. **Reinstatement Under Special Circumstances.** Physicians whose certification or eligibility was withdrawn by ABFM prior to the effective date of adoption of these revised Guidelines for violation of the ABFM's licensure policy, and who are still subject to the licensure limitation(s), may request reinstatement effective April 26, 2021 if: (1) the ABFM action was taken pursuant to a finding of a licensure limitation by a Governing Body that may be eligible for a finding of Special Circumstances under the newly revised Section 4.4 of these Guidelines, and (2) there have been no subsequent Governing Body Actions or instances of unprofessional conduct by the physician since the

date of withdrawal of certification or eligibility which are determined to be violations of the Guidelines.

Requests for reinstatement under this Section will be reviewed by a panel of ABFM staff and must be accompanied by documentation from the physician supporting a finding of Special Circumstances. Depending on the nature of the violation which gave rise to the ABFM action, requests may be subject to further review by the Professionalism Committee of the ABFM Board of Directors, at the sole discretion of ABFM. If the physician is reinstated, reinstatement will be prospective, effective April 26, 2021, and will not take effect retroactively from the date of the withdrawal of certification.

ⁱ ABMS Definition of Medical Professionalism (Long Form) Adopted by the ABMS Board of Directors, January 18, 2012.

ⁱⁱ Cruess RL, Cruess SR. Professionalism, Communities of Practice and Medicine's Social Contract. *J AM Board Fam Med* 2020; 33:S50-S56.

ⁱⁱⁱ Swick HM. 2000. Toward a normative definition of medical professionalism. *Acad Med* 75:612-616.