

Planners are required to address nationally-established goals for physician core competencies as developed by the Institute of Medicine (IOM), Accreditation Council on Graduate Medical Education (ACGME), and the American Board of Medical Specialties (ABMS) related to specialty maintenance of certification.

ABMS/ACGME CORE COMPETENCIES	
	Patient Care and Procedural Skills – provide care/procedures in a manner that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.
	Medical Knowledge - established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care.
	Practice-based Learning and Improvement - participating in the evaluation of one's personal practice utilizing scientific evidence, practice guidelines and standards as metrics, and self-assessment programs in order to optimize patient care through lifelong learning.
	Interpersonal and Communication Skills - that result in effective information exchange and teaming with patients, their families, and other health professionals.
	Professionalism - as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
	Systems-Based Practice - as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value.
INSTITUTE OF MEDICINE CORE COMPETENCIES	
	Provide Patient-Centered Care - identify, respect, and care about patients' differences, values, preferences, and expressed needs; relieve pain and suffering; coordinate continuous care; listen to, clearly inform, communicate with, and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health.
	Work in Interdisciplinary Teams - cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable.
	Employ Evidence-Based Practice - integrate best research with clinical expertise and patient values for optimum care, and participate in learning and research activities to the extent feasible.
	Apply Quality Improvement – identify errors and hazards in care; understand and implement basic safety design principles, such as standardization and simplification; continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs; and design and test interventions to change processes and systems of care, with the objective of improving quality.
	Utilize Informatics - communicate, manage knowledge, mitigate error, and support decision- making using information technology.