

# Introduction

The following slides were presented at the 2015 Winter Meeting of the Association of Professors of Medicine, as part of the plenary session entitled “Maintenance of Certification.”

This introductory slide was not part of the original presentation.

**For Our Patients, the Public, Our Colleagues  
and Our Profession  
ABMS Continuing Board Certification**

**Association of Professors of Medicine  
26 February 2015**

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**American Board  
of Medical Specialties**  
*Higher standards. Better care.®*

# Disclosures

- » Salaried employee, American Board of Medical Specialties
  - *Major topics of today's conversation, ABMS Board Certification and Maintenance of Certification, are programs of the ABMS and its 24 Member Boards.*
  
- » Member, Council on Graduate Medical Education (COGME)
- » Advisory Board - Sam's Club *Healthy Living Made Simple* Magazine
- » Advisory Board, National Center for Interprofessional Practices and Education

# Goals

- » Introduce the American Board of Medical Specialties
- » Review ABMS Board Certification
  - Grounded in professionalism and an intrinsic part of medical professional self-regulation
  - A program undergoing its own transformation and poised to be a transformative continuing professional development process in medical practice and learning/assessment
- » Consider the importance of your leadership and engagement in the process

# Fundamental Elements of a Profession - The Social Compact

- » Special knowledge and skills acquired by certain members of society and not others; often with the substantial investment of society in the educational process
- » The commitment of the profession's members to, and the trust by the other members of society that, the special knowledge and skills will be used – not in the professional's self-interest – for the good of society and its members
- » Trusting in that commitment, Society grants the profession substantial autonomy to determine educational standards, self-assess, and to self-regulate

# American Board of Medical Specialties

- » ABMS Board Certification originated early 1900s
- » Umbrella organization of 24 Member Boards; high standards for inclusion
- » ABMS Member Boards are independent organizations
- » ABMS Board of Directors includes at-large members and members of the public
- » ***The mission of the American Board of Medical Specialties (ABMS) is to serve the public and the medical profession by improving the quality of health care through setting professional standards for lifelong certification in partnership with Member Boards.***



# ABMS Member Boards

## **24 ABMS Member Boards**

### ***37 specialties and 123 Sub-specialties***

- Allergy and Immunology
- Anesthesiology
- Colon and Rectal Surgery
- Dermatology
- Emergency Medicine
- Family Medicine
- Internal Medicine
- Medical Genetics and Genomics
- Neurological Surgery
- Nuclear Medicine
- Obstetrics and Gynecology
- Ophthalmology
- Orthopaedic Surgery
- Otolaryngology
- Pathology
- Pediatrics
- Physical Medicine and Rehabilitation
- Plastic Surgery
- Preventive Medicine
- Psychiatry and Neurology
- Radiology
- Surgery
- Thoracic Surgery
- Urology

# ABMS Board Certification

## » ABMS Board Certification

- Initial
- Continuing (Maintenance of Certification)

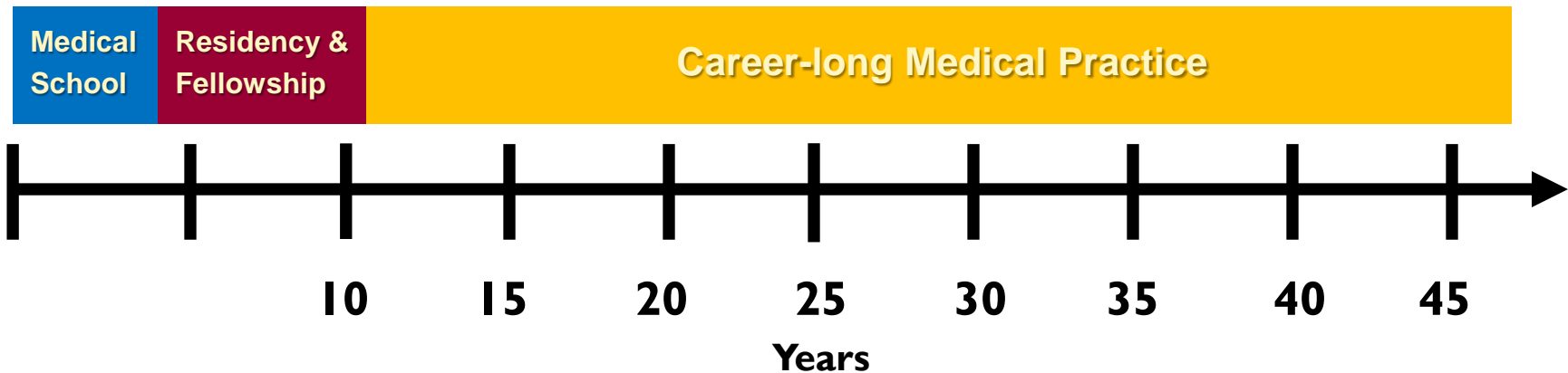
## » Initial Board Certification

- Meet all requirements for licensure
- Requires completion of an extended high-quality period of training and assessment in knowledge, skills, and professionalism (usually ACGME-approved residency/fellowship)
- Complete additional assessments of knowledge, clinical skills, and professionalism specific to the discipline

## » Alternate pathways to initial certification



# Why Transition from “Diploma-style” Board Certification to ABMS Continuing Certification?



## Changes Over Time:

- **Science** (HIV, Genomics);
- **Practice** (Peptic Ulcer, Acute MI);
- **Setting** (In-patient to Ambulatory);
- **Dangers** (From limited efficacy & safe to substantial efficacy & dangerous);
- **Construct** (From Captain of the ship to Team member/sometimes leader);
- **Social culture** (Beneficent paternalism to Patient autonomy);
- **Pace of change** (Rapid to super-rapid);
- **Physician** (Roles, Wisdom, Age, Abilities, Life stressors)

# Goals of Continuing Certification

- » Improve the quality of care provided to patients and communities
- » Improve health outcomes
- » Provide a systematic, rigorous, relevant method for on-going professional learning and assessment in knowledge, skills, judgment, and professionalism
  - Trusted by the public
  - Believed in by the profession

# ABMS - Movement to Continuing Certification

- » 1970s: Periodic recertification
- » 2006: Entire ABMS Boards Community moved toward program for continuing certification (Maintenance of Certification; MOC)
- » 2012-13: In-depth review of MOC; development of new program standards
- » 2015: Program Standards in place as of January 1

# ABMS Maintenance of Certification

- » Must have achieved Initial ABMS Board Certification
- » Career-long process
- » Based in the six ABMS/ACGME Competencies
  - Practice-based Learning and Improvement; Patient Care and Procedural Skills; Systems-based Practice; Medical Knowledge; Interpersonal and Communication Skills; and Professionalism
- » Four Integrated Elements
  - Professionalism and Professional Standing
  - Lifelong Learning and Self Assessment
  - Assessment of Knowledge, Judgment and Skills
  - Improvement in Medical Practice

# Professionalism and Professional Standing

- » Convey professionalism expectations to diplomates and incorporate professionalism learning and assessment activities into MOC
- » Process to facilitate re-entry to Certification
- » Consider the circumstances of actions taken against a diplomate's license or other determination of unprofessional conduct and act appropriately

# Lifelong Learning and Self-Assessment

- » Lifelong Learning and Self-Assessment requirements for diplomates
  - Accredited CME emphasized
  - Current relevant knowledge in the specialty
  - On-going advances relevant to the specialty
  - Activities free of commercial bias, control of commercial interest
  - Identify professional practice gaps and in own practice, and learning tools that are of high quality
- » Patient Safety incorporated into MOC across diplomates' careers

# Board-based Assessment of Knowledge, Judgment, and Skills

- » Examination of diplomates' knowledge of core content, judgment, and skills no less often than every ten years.
  - Encourage new methods of evaluating these items; may ultimately impact format and ways of meeting this standard
- » In order to assist in Lifelong Learning and Self-assessment, feedback to diplomates about exam performance

# Improvement in Medical Practice

- » Practice assessment and improvement activities incorporated across a diplomate's career, in ways that allow specialty-relevant, performance-in-practice assessment followed by improvement activities when practice gaps are identified.
- » Encourage diplomate involvement in performance improvement activities within the context of the healthcare team and system of practice, and in alignment with other care-related quality improvement programs.



# General Standards

- » MOC Programs will incorporate all six ABMS/ACGME Core Competencies
  - Throughout the Program for MOC
  - In a manner that best serves the needs of patients and is relevant to the specialty and the practice of the diplomate
- » ABMS Member Boards will work to increase the Program's value, relevance, and meaning and be sensitive to the time, administrative burden, and cost associated with participation.
- » ABMS Member Boards will engage in CQI of their Program for MOC and engage in ABMS-wide review process.
  - Diplomate and Public engagement in CQI and review processes

# MOC - Patient Centric (selected examples)

- » All the competencies are reflected in MOC Programs
- » Broadened emphasis on professionalism
- » ABMS Member Boards will have a mechanism to evaluate licensure restrictions to assess their relevance to certification and to take action where appropriate regarding professional behavior irrespective of licensure status.
- » All MOC Programs will incorporate safety into their MOC Programs, including acquisition of safety knowledge and implementation of practices to reduce harm and complications from care
- » Examinations will incorporate “Judgment” – not just what the physician knows but what the physician does with that knowledge
- » Part IV is all about on-going improvement of patient care and patient care systems
- » Public involvement in review of Programs for MOC

# MOC - Diplomate Sensitive (selected examples)

- » Increased flexibility in the construction and delivery of the high-stakes exam
- » Feedback from the examination to help self-assessment and individual developmental programs
- » ABMS Member Boards will evaluate licensure restrictions to assess their relevance to certification and to take certification-related action where appropriate
- » Process for re-entry to certification
- » Explicit attention to on-going increase in value for diplomates, including sensitivity to cost, time and administrative burdens
- » Diplomates incorporated into review processes for MOC Programs
- » Encourage MOC credit for system and team-based quality improvement activities

# Three Broad Types of Challenges to MOC

- » Board Certification should be a “once and done” diploma; “can’t take away”
- » MOC is a “tool of the government”
- » MOC is necessary and value-added, but one/more issues
  - High stakes exam
  - Quantity and relevance of learning activities and performance improvement activities
  - Burden for diplomates (time, cost, psychic energy)
  - Need more research
- » Rapidity and magnitude of change for the medical profession is a exacerbating stressor mentioned by all groups

# MOC - Making a Difference

- » ABMS Evidence Library <http://evidencelibrary.abms.org/>
  - Evidence about the value of Board Certification
  - Developing evidence base related to MOC
  - Evidence about the value of the modes of education/assessment used in MOC
- » MOC improving evidence-based testing
  - Urology – Urine creatinine
- » MOC improving physician learning, patient care and teaching
- » MOC impacting population health
  - Pediatric screening and referral patterns
  - Adult immunization – ACP
- » MOC improving quality of care across health systems
  - Mayo experience – Harvard Business Review blog

# MOC - Examples of High Value-Added Activities from the Physician Perspective

- » ABOG, ABEM, ABMGG – Push key articles, practice guidelines with self-assessment tools to diplomates
- » ABMS Portfolio Program – a program that aligns MOC with high quality, relevant, institutional based QI activities
  - 36 active health system/hospital/specialty society sponsors
  - Currently, more than 50 sponsor-applicants
  - 21 ABMS Member Board participants

# MOC - Examples of Emerging Innovation Pilots

- » Registries for Improvement in Medical Practice activities
- » Modifications in the Board-developed Examination
  - Distributed secure testing
  - Expanded access to materials during testing
- » Greater use of simulation in the MOC Process
- » Fundamental changes to examination approach

# Implications for Department Chairs (a few)

- » Informed consultants to the MOC process
- » An area of scholarly work and research for your faculty members, particularly education faculty
- » Encourage organizational engagement in Portfolio Program
- » MOC as a structured mechanism for physician learning and community-building
- » MOC to assist in advocacy for time/resources for continuing professional development
- » Being a resource for your community-based faculty members
- » Engaging the broader medical community to address population health issues