

ABMS Board Certification: Improving Continuous Specialty Certification

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For almost 100 years, the American Board of Medical Specialties (ABMS) and its 24 Member Boards have been entrusted with the responsibility of overseeing the process by which physicians become Board Certified and continue their certification across their careers. Almost 4,000 physicians in West Virginia have earned the distinction of being ABMS Board Certified in one or more of the 37 diverse specialties and 86 subspecialties overseen by ABMS Member Boards. There are more than a quarter of a million ABMS Board Certified physicians across the thirteen-state Appalachian Region. These physicians have dedicated years to learning and practicing the core competencies needed to be recognized as specialists in their chosen field.

Decades ago, before the explosion of medical knowledge and lifesaving interventions, ABMS Board Certification was granted early in a physician's career for life. However, as part of ABMS' commitment to ensure that our credential continues to represent that high standard of quality patient care throughout a physician's career, and in response to input from patients, health systems, and others who depend upon our credential as a marker of quality, we recognized that such an approach had become inadequate. ABMS Member Boards developed a program known as Maintenance of Certification (MOC). This integrated continuing certification program incorporates professionalism, lifelong learning, assessment (both self-assessment and Board-based assessment), and participation in improvement in medical practice.

Continuing certification provides a framework that helps physicians keep up to date with the myriad of medical advances, to continually improve, and to objectively demonstrate their commitment to maintaining knowledge and skills to the patients, families, and communities who depend upon them. Further, the continuing certification program provides an external, independent statement about a physician's activities around professionalism, learning, remaining current, and participating in the quality improvement of our healthcare system.

Despite these benefits, some physicians have resisted participating in "MOC"; specifically, concerns addressing the cost, stress, and burden of the process against a backdrop of substantial stress related to electronic health records, regulatory burdens, and rapid change. The ABMS Member Boards are responsive to these concerns. For example, activities deemed "best practices," like the American Board of Obstetrics and Gynecology's dissemination of key journal articles and new guidelines to their certified physicians, are viewed as high value by OBGYN physicians. In response to concerns about the periodic high stakes examination, Boards are piloting innovations that include remote proctoring, modular exams, and longitudinal assessment. For example, the American Board of Anesthesiology and the American Board of Pediatrics are piloting longitudinal assessment systems that allow the certified physician to respond to questions provided on a home or work computer over an extended period of time rather than taking a single high stakes exam at a testing center. Seven additional Boards are working with ABMS to develop a similar opportunity for their diplomates.

With regard to cost, ABMS Member Boards MOC program fees range from \$100 to \$400 a year, and Boards have worked aggressively to keep fees constant.

The Boards have also made innovations in the Improvement in Medical Practice element of continuing certification. The number and types of accepted activities have increased, and physicians are encouraged to participate in activities that are most relevant to their practices. One very popular program is the ABMS Multi-Specialty Portfolio Program (Portfolio Program), which recognizes the cross-disciplinary, inter-professional continuous quality improvement work being done by physicians with others in their hospitals and health systems. The Portfolio Program promotes organizational effectiveness and efficiency through team based quality improvement initiatives that are directly related to the needs of the institution. Examples of some of the initiatives in which physicians are involved include reducing hospital-based infections, improving transitions of care, and improving the management of asthma in children. Other projects are specifically targeted at improving clinicians' work lives including more effective use of the electronic health record and cross-team communication.

A robust and rigorous certification system is important to the profession, to individual physicians, and to patients and other members of the public who rely upon this credential for the quality it represents. Continuous improvement of the program will help ensure that it is physician-sensitive even as it remains patient-centered.