ABMS Continuing Certification: Why and What Next

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American Board of Medical Specialties
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ABMS Mission

The mission of the American Board of Medical Specialties 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.

**This reference to lifelong certification incorporates initial certification processes as well as programs for maintenance of certification (MOC).*

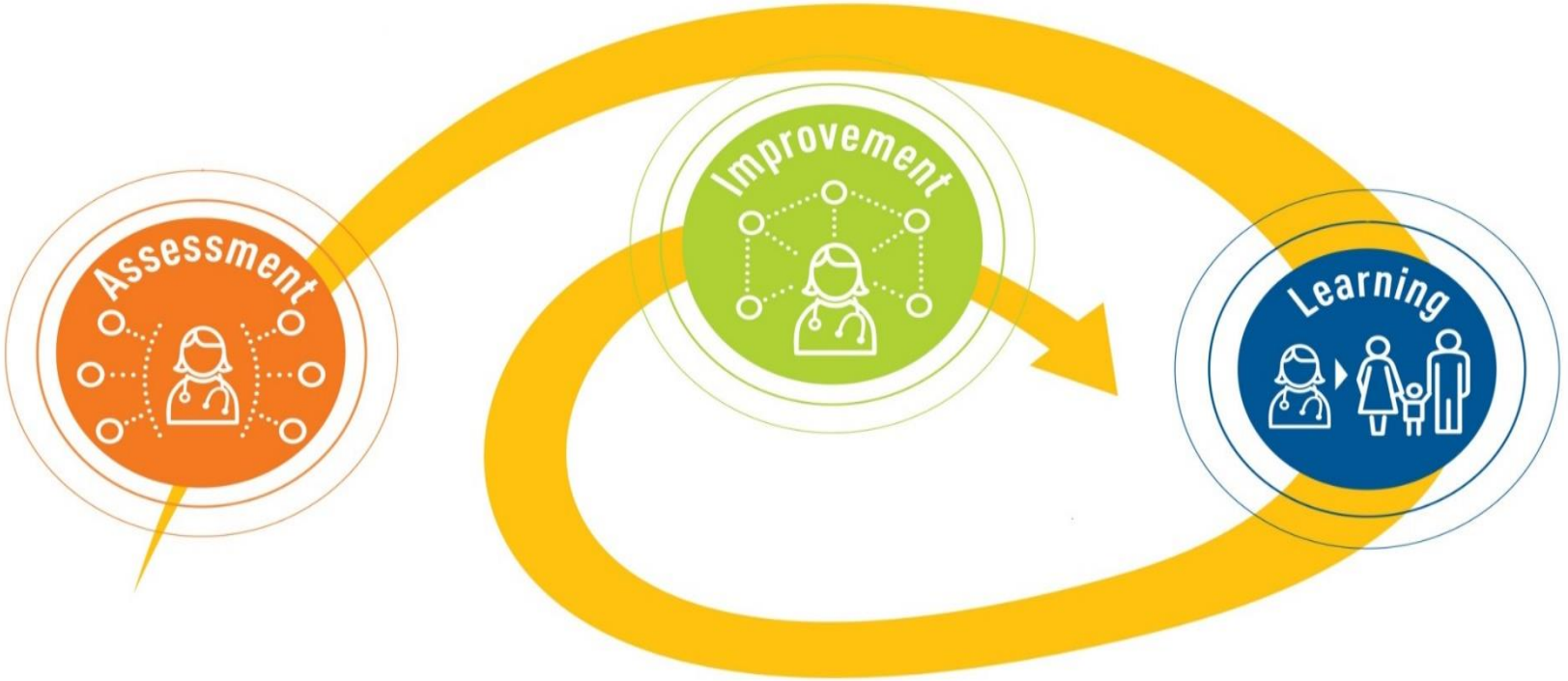
An Abbreviated History of ABMS Certification

- 1917: ABO
- 1933: ABO, ABD, ABOto, ABOG form the Advisory Board of Medical Specialties (later ABMS)
- 1970: Periodic recertification starts with ABFM, other boards follow
- Late 1990s: To Err is Human, Quality Chasm Reports
- 2000: MOC concept approved
- 2003-2010: MOC phased implementation
- 2012-2013: In-depth review of MOC; development of new program standards designed to maintain strengths and address concerns
- 2015: Updated standards for the ABMS Program for Maintenance of Certification, calling for collaboration, innovation, increased relevance, reduced burden

Why Transition from "Diploma-style" Board Certification to ABMS Continuing Certification?

- Change in science and medical practice
- Skills can diminish over time
- Safety concerns in health care settings
- Programs of on-going assessment, learning and improvement can improve knowledge, skills, judgment, and practice
- People don't self-assess particularly well
- Public expectations; fulfilling the public trust
- Practice in other high-consequence industries

CONTINUING CERTIFICATION



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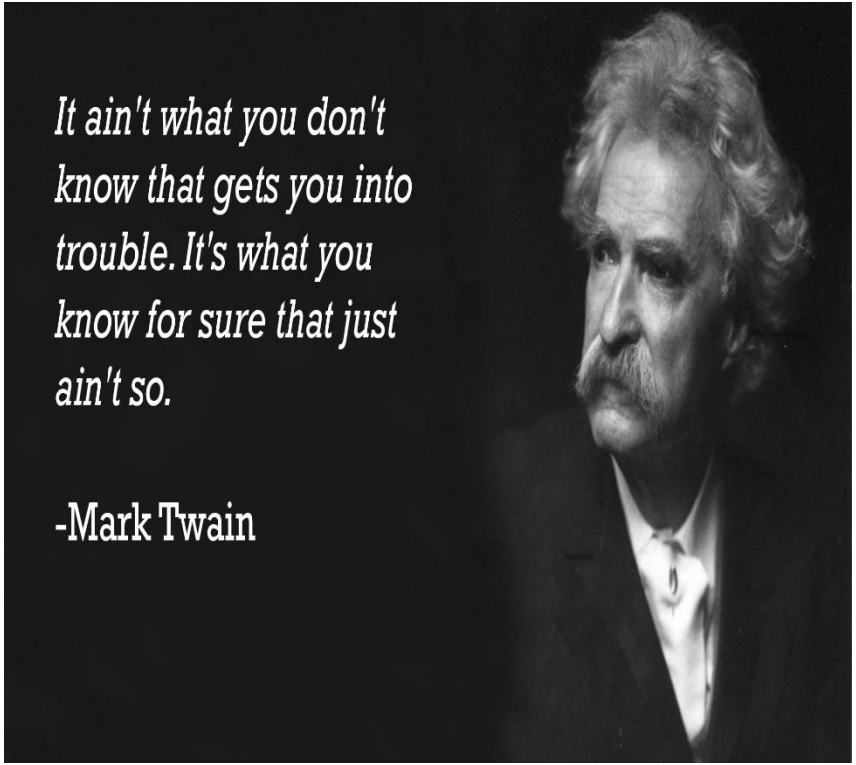


Dunning-Kruger Effect

Source: Why the Unskilled Are Unaware: Further Explorations of (Absent) Self-Insight Among the Incompetent
Organizational Behavior and Human Decision Processes, 2008 - Joyce Ehrlinger, Kerri Johnson, Matthew Banner, David Dunning, and Justin Kruger

Challenges with Reliance on Self-Assessment

- We don't know what we don't know

- Self-assessment is unreliable
  - Eva and Regehr: Academic Medicine 2005, JCEHP 2008,
  - Davis and Mazmanian et al, JAMA 2006

- **"Directed self-learning"** instead of self-directed learning (Price, et al, Medical Teacher June 2018)
  - **"Informed self-assessment"** (Sargeant et al, Academic Med 2010)
  - **"Guided self-assessment"** (Galbraith et al, JCEHP 2008)

Professional Development Perceptions and Practices Among U.S. Physicians: A Cross-Specialty National Survey

David A. Cook, MD, MHPE, Morris J. Blachman, PhD, David W. Price, MD, Colin P. West, MD, PhD, Richard A. Berger, MD, PhD, and Christopher M. Wittich, MD, PharmD

Abstract

Purpose
Professional development (PD)—both for-credit continuing medical education (CME) and informal self-directed or point-of-care learning—is vital to all physicians. The authors sought to understand physicians' PD perceptions and practices and how these vary by specialty and practice type.

Method
The authors administered an Internet and paper survey, from September 2015 to April 2016, to randomly sampled U.S. physicians. Survey items addressed perceived PD needs and barriers and how physicians identify knowledge/skills gaps.

Results
Of 4,648 invitees, 988 (21.6%) responded. Respondents believed that they already know what they need to learn (mean 5.8 [1 = strongly disagree; 7 = strongly agree]), can answer clinical questions using available resources (5.9), and want credit for learning during patient care (5.1). They did not strongly desire help identifying learning gaps (4.0) or indicate difficulty accumulating CME credits (3.1). Most PD was done during personal time (5.5). Competencies regarding medical knowledge/skills, wellness, informatics, and practice/systems improvement were rated the highest priority, while research, teaching, and professionalism were rated the lowest. The most important sources used to identify knowledge/skills gaps were immediate patient care needs (4.1 [1 = not important; 5 = extremely important]), personal awareness (3.8), and practice updates (3.7). The most important barriers were time (3.5) and cost (2.9). Differences by specialty and practice type were generally small and not statistically significant.

Conclusions
Physicians feel confident in identifying their own learning needs, perceive medical knowledge/skills as their highest-priority need, and desire more credit for learning during patient care.

Academic Medicine 2017, 92(9):1335–1345.

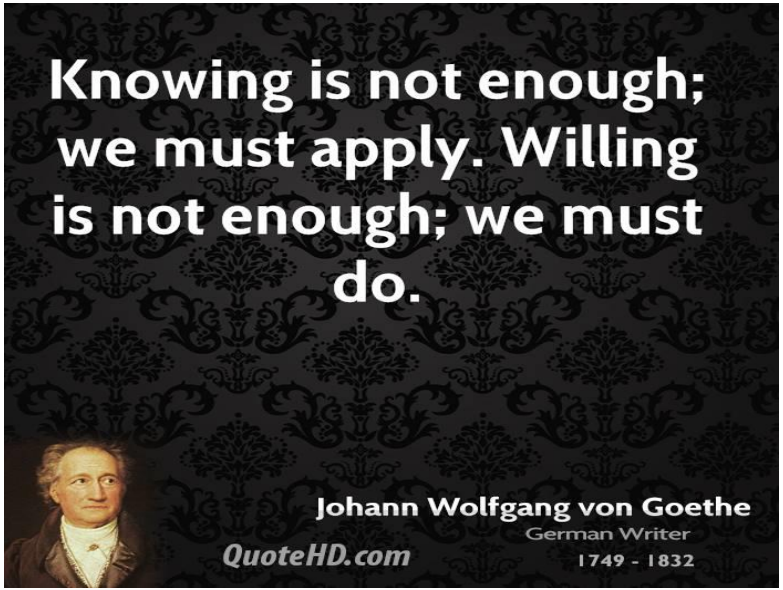
Yet….

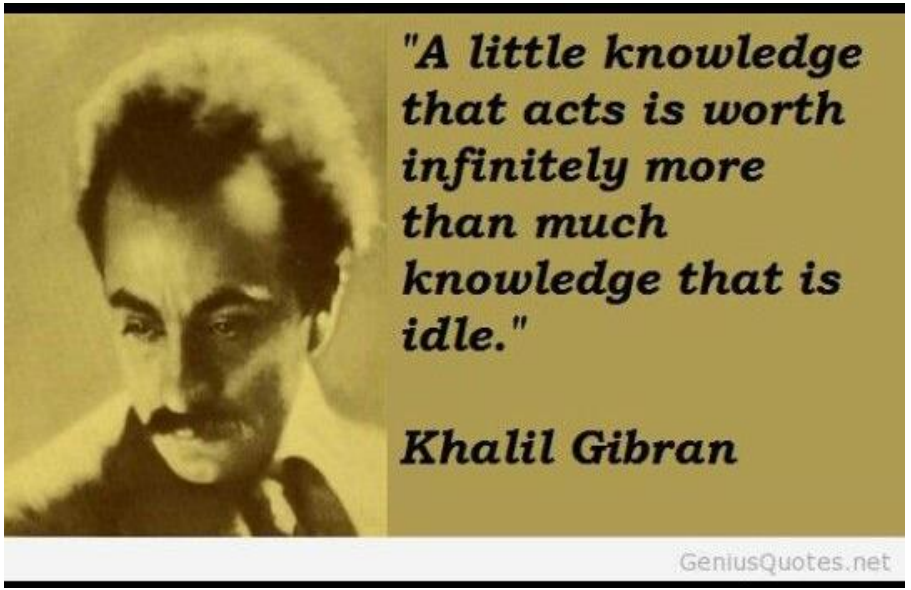
- "**Physicians feel confident in identifying their own learning needs**, perceive medical knowledge/skills as their highest priority need, and desire more credit for learning during patient care."

CME Is Important But Alone Is Not Enough

- What Changes Practice: Multiple, longitudinal, multi-modal interventions spaced over time
- “Single event” learning not likely to significantly impact practice
- CME alone is not as effective as multimodal longitudinal interventions for complex challenges and behaviors
    - (Cochrane, 2002, 2008 and other Meta-Analyses)

Competence Doesn't Mean Behavior will Translate to the Clinical/Work Setting





- Organizational barriers
- Forgetting

- Competing demands
- Perverse incentives

There Is Evidence

- MOC associated with improvements in physician knowledge, patient care processes and outcomes
  - Price DW et al. Academic Medicine. In press.
  - Nichols DG. Pediatrics. 2017;139:5.
- MOC associated with fewer disciplinary actions
  - McDonald FS et al. J Gen Intern Med, 2018 (May)
  - Zhou Y et al. Anesthesiology. In press.

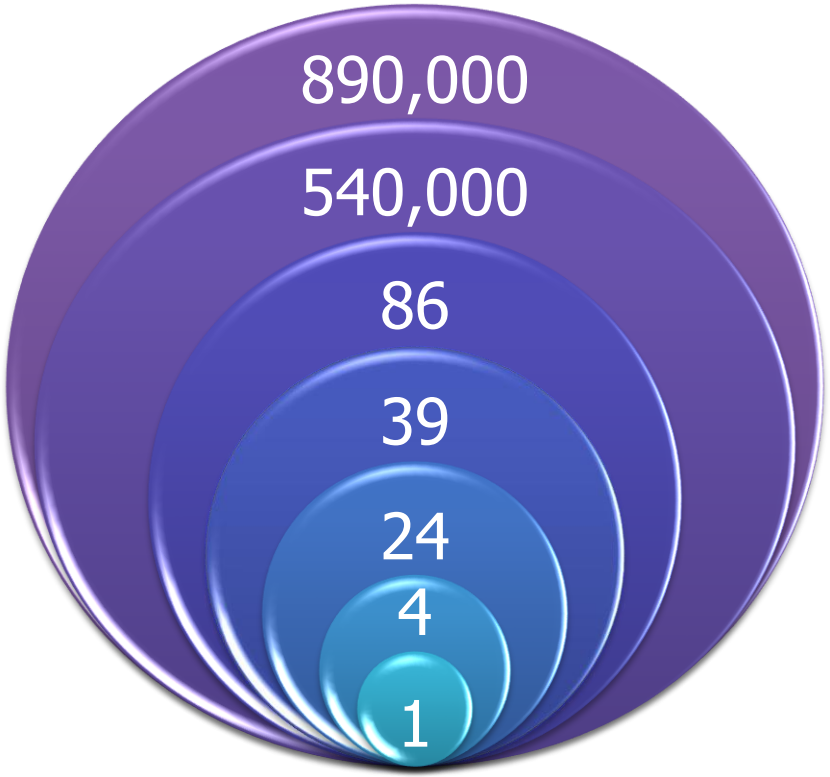
The Boards are Listening and Responding

- Engaging physicians – surveys, focus groups, committee appointments, meetings with state and national societies
- Engaging others – External Commission on the Future of Continuing Certification
- Working with CME community – increasing options for activities that count for MOC
- ABMS Portfolio Program – engagement in organizational quality that counts for MOC

New ways to assess Knowledge and Clinical Judgment

- Alternatives to the 10 year high stakes examinations
- Modular content more relevant to practice
- More frequent, lower stakes formats (longitudinal)
- Web-based delivery (remote proctoring)
- Use of knowledge resources
- Focus on clinical decision making rather that straight recall

Permeation of MOC Enhancements



- Can it (MOC) work? →
- Will it (MOC) work in practice? →
- HOW CAN IT WORK BETTER? (improvement) →
- Is it worth it?

Contact Us

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