

ABMS CERTIFICATION AND MAINTENANCE OF CERTIFICATION

FREQUENTLY ASKED QUESTIONS

WHO IS THE AMERICAN BOARD OF MEDICAL SPECIALTIES (ABMS)?

ABMS is the leading not-for-profit organization overseeing physician certification in the United States. Established in 1933, our mission is to serve the public and the medical profession by improving the quality of health care through setting professional standards for lifelong certification. We do this in partnership with 24 independent, physician-led certifying boards which collectively certify over 800,000 physicians nationally, and approximately 16,100 physicians who work and reside in Tennessee. As a Boards community, we are dedicated to improving the quality of health care for patients, families, and communities by supporting the continuing professional development of medical and surgical specialists.

Board certification is a public trust, created by the medical profession more than 100 years ago to ensure that a physician who claimed expertise in certain procedures or the treatment of a particular illness or disease in fact had the education and training to do so. The American Board of Ophthalmology was the first specialty board to be established in 1916, followed by the Boards of Dermatology, Obstetrics and Gynecology, and Otolaryngology. ABMS was established in 1933 to coordinate the activities and set standards for what would become a federation of 24 non-profit medical specialty boards that today certify physicians in 37 specialties and 86 subspecialties.

WHAT IS BOARD CERTIFICATION?

Board Certification serves as an objective, third-party verification that a physician has obtained and is maintaining the knowledge and skills necessary to hold him or herself out as an expert in a specific medical specialty. Participation in ABMS certification programs is voluntary; physicians who are interested in being certified by an ABMS Member Board apply following completion of residency training. Although each ABMS Member Board has specific requirements that physicians must meet, becoming Board Certified generally involves:

- Earning a medical degree from an accredited medical school
- Completing a three- to five-year full-time residency program accredited by the Accreditation Council for Graduate Medical Education
- Earning an unrestricted medical license to practice medicine in the US or Canada
- Passing rigorous exams created and administered by a Member Board(s)

HOW IS MEDICAL LICENSURE DIFFERENT FROM BOARD CERTIFICATION?

A license is required to practice medicine in the US. Medical licensure indicates that a physician has met the **minimum** requirements to practice medicine. To obtain a medical license, individuals must graduate from medical school, complete one to three years of postgraduate training (depending on the jurisdiction), and pass a national medical licensing examination that evaluates a physician's ability to practice undifferentiated medicine. Physicians must renew their license through their state medical board, usually every one or two years, to continue practicing.

Board Certification is a voluntary process. It indicates that a physician has gone beyond a generalist's medical training to demonstrate proficiency in a particular specialty. Physicians who wish to obtain ABMS Board Certification must meet the same requirements for medical licensure plus undergo the voluntary process of becoming Board Certified. After initial certification, physicians maintain their specialty-specific expertise by participating in a process of continuing certification called the ABMS Program for Maintenance of Certification (MOC).

WHAT IS MAINTENANCE OF CERTIFICATION (MOC)?

MOC is how a physician demonstrates to patients, hospitals, and other users of the certificate that they have kept up with the latest medical advances in their specialized field. It is a comprehensive process of ongoing assessment and improvement that provides physicians a structured approach to improving the safety, effectiveness, and efficiency of their practices through focused assessment, learning, and improvement activities.

WHY DID ABMS DEVELOP MOC?

In 2000, ABMS and its Member Boards expanded Board Certification to include a comprehensive process of ongoing assessment and improvement (MOC). The establishment of continuing certification was in direct response to the following changes and concerns in medicine today:

- **Keeping up is difficult.** The world of medicine continues to change exponentially and the pace of advances in medical knowledge and technology has become staggering.
- **Skills and knowledge decline over time.** Research indicates that clinical knowledge and expertise decline over time, and physicians who have been in practice longer may be at risk for providing lower quality care.
- **We do not always assess ourselves accurately.** Studies show that physicians, like most people, don't always assess themselves accurately. The least skilled and most confident physicians are often the least able to accurately judge their own performance.

WHAT ABOUT NON-TIME LIMITED CERTIFICATE HOLDERS AKA "GRANDFATHERS"?

ABMS believes the public should be able to trust that a board certified physician is up to date with best practices of their specialty. The boards transitioned from time-unlimited to time-limited certificates over 40 years ago in response to rapid changes in medical science and practice and increasing evidence that medical knowledge and patient care skills can degrade over time. The Boards believed that if certification was to remain a trustworthy credential, it had to be refreshed over time.

Grandfathering is a common practice among organizations that are implementing new program policies. The boards did not feel they could compel physicians with time-unlimited certificates to participate in continuing certification. When MOC was instituted in 2002, it made sense to expect physicians with time-limited certificates, who were already being asked to periodically demonstrate they were staying up to date, to transition to the continuous certification process.

The existence of the grandfathers requires the boards to be transparent about communicating to users of the certificate (i.e., hospitals, patients,

others) whether a physician has a time-unlimited certificate or is participating in MOC. Many non-time-limited certificate holders do participate in MOC even though they are not required to do so. Establishing the MOC program was the right thing to do for our profession, our patients and others who rely on the credential as a signal that a medical specialist is maintaining clinical competence.

IS PARTICIPATING IN CONTINUING MEDICAL EDUCATION (CME) SUFFICIENT TO PROVE A PHYSICIAN IS UP TO DATE?

Lifelong learning is a core element of continuing certification. Most boards have specific requirements for practice-relevant CME and they encourage self-assessment. Continuing education is important, but it is not sufficient for certification. Certification requires an external assessment to justify the public statement embodied by the certificate. The MOC assessment component is essential because it identifies knowledge and skills gaps and then directs a specialist to the appropriate and most relevant CME.

WHY ARE PHYSICIANS PUSHING BACK AGAINST MOC?

MOC is not perfect, and we recognize that the early implementation process was flawed. Just like medicine, the MOC process is constantly evolving and changing. The ABMS Member Boards are working with physicians across the country to make their MOC programs more practice relevant and less burdensome, while upholding our commitment to assuring the public that Board Certified physicians are meeting high standards for specialty practice. Many Boards have eliminated the ten year exam; several have introduced remote proctoring, open book exams, and new testing approaches that mitigate physician concerns about burden and relevance.

WHAT DOES IT COST A PHYSICIAN TO PARTICIPATE IN MOC?

ABMS Member Boards' MOC program fees range annually from \$200 to \$400; they can get as high as \$4,000, but that is over the course of a 10-year recertification cycle. In addition to program fees, physicians who participate in MOC also incur expenses associated with continuing medical education courses and quality improvement requirements. Some expenses, such as annual or biennial license renewal fees, or fees associated with obtaining continuing medical education credits, are required for license renewal and thus are incremental.

We recognize there are additional costs that don't necessarily figure into the above equation; namely travel costs, preparation costs, and time costs. The boards have been changing their programs to reduce or eliminate these costs by creating more customized and modularized exams, delivering the exam conveniently on-line or in-offices, allowing the use of outside resources to reduce the need for cramming (open book tests), and moving away from the high-stakes exam toward the more formative longitudinal assessment.

HOW MUCH TIME MUST A PHYSICIAN SPEND ON MOC?

Data from studies conducted by several ABMS Member Boards suggest that during a non-exam year, a board certified physician on average will spend about 17 minutes a month on unique and specific MOC activities. They may also spend time on other continuing medical education or quality improvement activities, but that time would be spent regardless of their board certification status. During an exam year, surveys indicate physicians spend on average about 40 hours prepping for the test. ABMS Member Boards are implementing new approaches to testing that will remove most of these time costs and expenditures.

WHAT RESEARCH EXISTS THAT SHOWS MOC BENEFITS PATIENT CARE?

There is growing evidence that MOC positively affects patient care. Several disciplines have shown better adherence to guidelines, improved care processes, lower costs, and a lower likelihood of disciplinary actions associated with MOC. A list of studies is available from ABMS.

WHAT IMPROVEMENTS ARE BEING MADE TO THE MOC PROCESS?

Like the practice of medicine itself, the MOC process is evolving and the Boards community is working with more than 5,000 physician volunteers to make improvements to the process including:

- Remote proctoring, which eliminates the need for physicians to leave their practice and their patients in order to take the exam.
- Open book tests, which better represent how physicians work with their colleagues and practice medicine at the bedside.
- Nearly half of the certifying boards are piloting new testing approaches. One is a mobile test format that is better targeted to a

physician's area of practice, allowing physicians to answer exam style questions on their iPhone, on their own time. These pilots use more frequent questions, offer immediate feedback, identify areas of knowledge, direct educational needs and ultimately could replace the periodic 10-year exam.

- Boards are offering greater flexibility in accepting and recognizing a physician's existing work for MOC credit. For example, most physicians can now obtain credit for their quality improvement work performed in their hospital, health system or private practice. Boards also are accepting physician participation in their professional societies' registries for MOC credit.

WHY ARE THE ABMS BOARDS COMMITTED TO MOC?

Physicians created Board Certification over 100 years ago so that patients would know that a medical specialist had the knowledge and skills to provide the full scope of care in that specialty. With today's rapid pace of change in medicine, the need for public accountability is more critical than ever. Patients and providers need to trust that a medical specialist is up to date in their specialty's best practices. MOC provides that public attestation in a way that no other activity, including CME does. More than 5,000 physicians across the country volunteer time to develop the MOC.

IF A PHYSICIAN DOES NOT PARTICIPATE IN MOC WILL HE/SHE BE ABLE TO FIND EMPLOYMENT?

Yes. Board Certification is voluntary and is not a requirement to practice medicine. At least one study suggest that even those hospitals that require their medical staffs to participate in MOC have in place mechanisms that allow non-board certified physicians to have privileges. For those hospitals, health systems, and insurers that want to use this credential as a quality indicator they should continue to have the right to do so. Most importantly, a patient's right to have access to a Board Certified physician participating in MOC should continue to be honored.

IS ABMS A PRIVATE COMPANY?

ABMS is a 501(c)(6) organization, with 68 employees and an operating budget of \$18.7 million; ABMS financial statements are available on their public 990 Form.