
UPDATE ON ABMS CONTINUING CERTIFICATION

November 16, 2019

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DISCLOSURES

- Salaried employee of the American Board of Medical Specialties
- Co-editor of a textbook on Evaluation of Clinical Competence for which I receive royalties from Elsevier
- Co-editor of a textbook on Health Systems Science for which the AMA receives royalties from Elsevier

LEARNING OBJECTIVES

- Describe the new paradigm of continuing board certification (CBC), which has replaced Maintenance of Certification (MOC)
- List the advantages of participation in CBC
- Explain the current position of the AMA and its contributions to improvements in MOC/CBC, based on Council on Medical Education reports and AMA policy

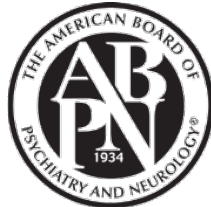
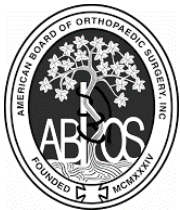
PRESENTATION OUTLINE

- Background on ABMS continuing certification
 - Supporting evidence
- Drivers for change
 - Physicians' concerns and discontent
 - Emerging evidence regarding learning and assessment
- ABMS response
 - Innovation in continuing certification programs
 - Focus on new formats in knowledge assessment
- Moving forward in enhancing the value of continuing certification
 - Optimizing formative and summative goals

BACKGROUND ON ABMS CONTINUING CERTIFICATION

ABMS MEMBER BOARDS

24 Independent Member Boards | 40 Specialties | 87 Subspecialties





More than
900,000
Board Certified
Physicians

Approximately
590,000
Participating in
Continuing Certification

As of June 30, 2019

THE NEED FOR CONTINUING CERTIFICATION

- Medical science advances at an astounding pace, how can we keep up?
 - Bastian, et al. (2010, PLoS Med), Glynn, et al. (2010, PLoS One)
- Knowledge and skills decline over time
 - Choudhry, et al. (2005, Ann Intern Med), Durning, et al. (2010, J Cont Educ Health Prof), Hawkins, et al. (2016, J Cont Educ Health Prof)
- Physicians cannot accurately assess their own performance
 - Davis, et al. (2006, JAMA)
- The least skilled are least able to self-assess accurately
 - Kruger, et al. (1999, J Pers Soc Psychol)
- Patients and credentialers expect it
 - Brennan, et al. (2004, JAMA), Freed, et al. (2013, J Hosp Med)

EVIDENCE SUPPORTING CONTINUING CERTIFICATION

- Examination performance and level of participation associated with disciplinary action against medical license
- Examination performance correlates with quality and cost of care and patient outcomes
- Participation in Board approved quality improvement activities associated with quality of care and patient outcomes

DRIVERS FOR CHANGE

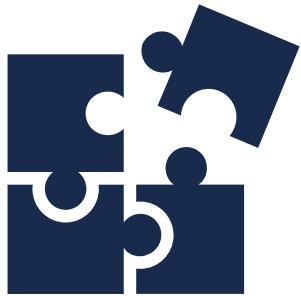
WHAT WE'VE HEARD



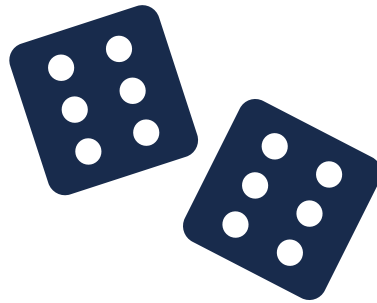
Not meeting learning and
improvement needs



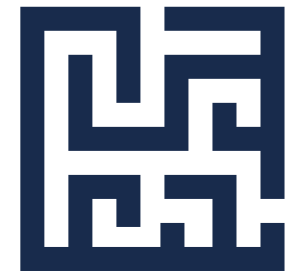
Not integrated
into practice



Not relevant to practice



High Stakes Exam



Difficult to Navigate

CONSEQUENCES OF PHYSICIAN DISCONTENT

- Failure to participate in continuing certification
- Public criticism: academic literature, lay publications, social media
- Legislation to restrict use of the certificate
- Litigation opposing the requirement to participate
- Distraction from responding to legitimate needs and concerns
- Potential for increased costs to physicians
- Most significant concern: erosion of confidence in the profession

ADVANCES IN LEARNING THEORY AND EVIDENCE

- Suggest alternative forms of knowledge assessment superior to point-in-time, high-stakes examination in ensuring physicians remain current in their specialty
 - Leverage emerging evidence and methods to ensure more durable learning (test-enhance learning, spacing effect, mastery learning)
- Evolution in thinking about how lower stakes, assessment for learning outcomes could be aggregated to support defensible assessments of learning (van der Vleuten & Schuwirth)
- Perspective – it is wasteful to not take advantage of high-quality assessment outcomes to support physician learning and improvement (Medical Education Assessment Advisory Committee, Medical Council of Canada, 2013)

CONTINUING BOARD CERTIFICATION: VISION FOR THE FUTURE COMMISSION

ABOUT THE COMMISSION

- Collaborative effort that brought together multiple stakeholders to envision the future of continuing board certification.
 - Independent body of 27 individuals representing diverse stakeholders
- Charge: Make recommendations regarding principles, frameworks and program models for the continuing board certification system
- The Commission gathered and considered stakeholder input to produce the set of recommendations in the Final Report.
 - Series of meetings February 2018 – January 2019 (Final Report February 2019)

COMMISSION REPORT

- Core themes:
 - Need to bring value to physicians to support their learning and improvement needs
 - Need to bring value to the profession (and other stakeholders) by offering a meaningful credential
 - Meaningful self-regulation requires a system of engaged stakeholders – the solution is a collaborative one
- Recommendations:
 - Foundational Recommendation
 - Short-term and Intermediate Recommendations (10)
 - Aspirational Recommendations (3)

COMMISSION REPORT: KEY RECOMMENDATIONS

- Integrated program including professionalism, assessment, life-long learning & practice improvement
- Alternatives to high-stakes, point-in-time assessments
- Responsibility to take action if standards are not met
- Remediation pathways before/after certificate revocation
- Enhanced consistency across programs
- Enhance engagement and communication with physicians
- Increase transparency regarding physician participation
- Independent research regarding program effectiveness

COMMISSION REPORT: ASPIRATIONAL RECOMMENDATIONS

- Enhance environment supporting physician engagement in meaningful practice improvement
- Develop methods for assessing professional behaviors
- Enhance information and data sharing with partners in professional self-regulation

ABMS RESPONSE: CURRENT AND FUTURE IMPLICATIONS

ABMS RESPONSE

- Endorsed all 14 Commission recommendations
- Agreed to alternatives to high-stakes, point-in-time assessments
- Appointed:
 - Oversight Committee to ensure timely implementation of recommendations
 - Standards Task Force to develop new continuing certification standards by end of 2020
 - 4 “Collaborative” Task Forces:
 - Assessment of professionalism
 - Advancing practice
 - Information and data sharing
 - Remediation pathways

FOUNDATIONAL CHANGE IN HOW ABMS ACHIEVES ITS MISSION

- Bringing value to the profession and the public
 - Supporting physician CPD and ensuring a meaningful credential for patients
 - Balancing formative and summative approaches
- Collaborative solution within the profession
 - Task forces – collaborative in composition and process
 - Better engagement of physicians and other stakeholders
 - Specialty and state medical societies
 - Academic health centers
 - CME/CPD organizations
 - Regulatory organizations

ABMS MEMBER BOARDS ARE RESPONDING

Engaging Physicians

- Surveys & focus groups
- Committee appointments

Expanding Resources

- Easier access to CME
- Registries, Portfolio Program

Continuing Certification Enhancements

Reducing burden

- Remote deliver of assessments
- More formative approaches
- More user-friendly websites

Increasing Practice Relevance

- Credit for practice-based activities (“wide door”)
- Modular testing formats

INNOVATIONS IN KNOWLEDGE ASSESSMENT

- Transition from 10-year, high-stakes examination to more frequent lower-stakes formats
 - Performance data aggregated over time to support summative decisions
- New approaches across the 24 Member Boards include:
 - Longitudinal formats (MOCA Minute, MOCA Peds)
 - Modular examinations
 - Two-year “knowledge check-ins” with multiple attempts to pass
 - Article based assessments

LONGITUDINAL ASSESSMENT AS A SOLUTION



Frequent, short assessments with spaced repetition to verify learning

- Real time inclusion of current/emerging content
- Results accumulated over time to inform summative decisions



Emphasis on targeted feedback to help close knowledge gaps

- Supports learning & improvement
- Immediate and detailed critiques/rationales
- Dashboard displays areas of strength and weakness



Practice relevance

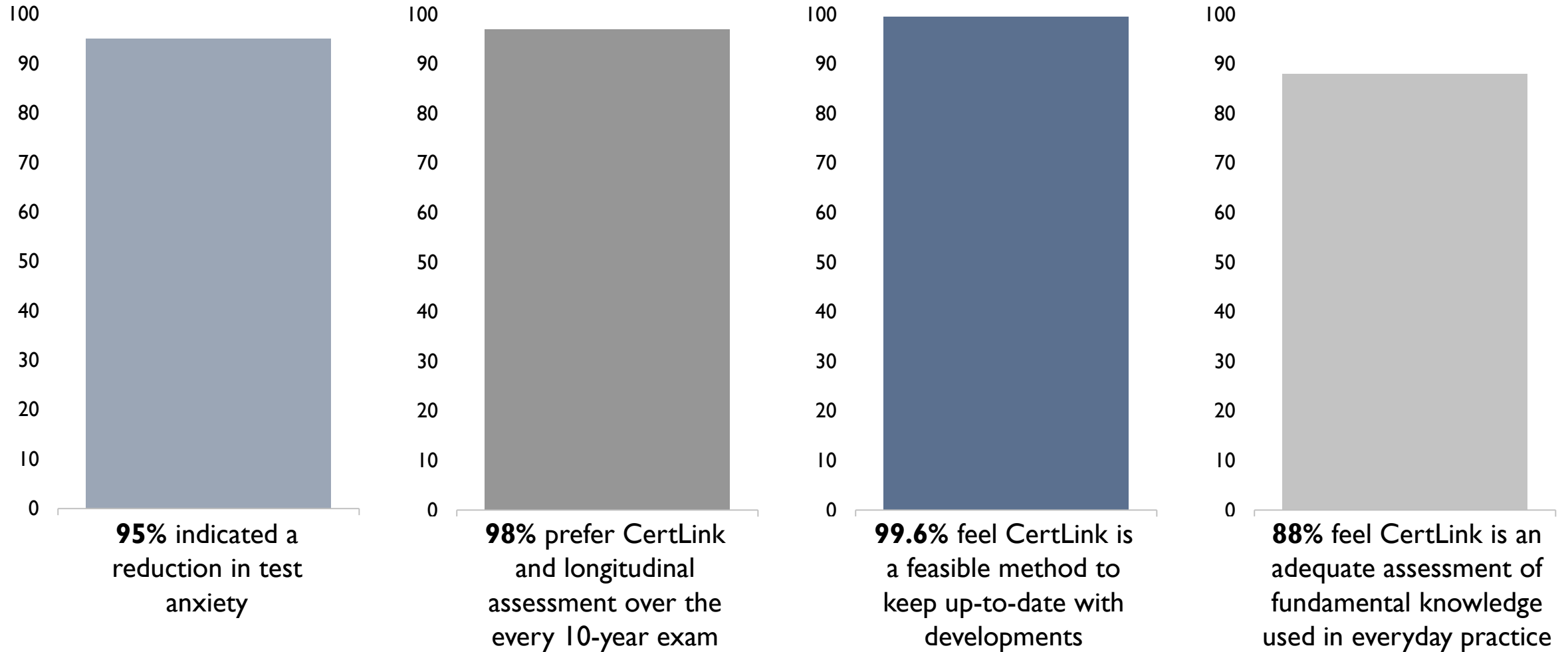
- Individualized user customization
- Ratings of confidence and relevance
- Reflect how knowledge is applied in practice



Web and mobile administration

- Flexible anytime, anywhere access
- Users complete assessments at a time and place of their choosing

CERTLINK®: USER SURVEY RESULTS



VOICES OF DIPLOMATES WHO VALUE MOC

“ ”

“(I like) The **online annual certification** from a predetermined selection of journal articles, which gives us the choice to select topics which may be of greater interest or relevance to our practice setting.”

- *OB-GYN Diplomate on the Board's online annual certification*

“**MOCA Minute** is a forward-thinking, engaging form of assessment which supports learning in an ongoing way, not just infrequent testing that ultimately actually teaches nothing.”

- *Anesthesiology Diplomate on the Board's MOCA Minute*

“Reviewing material in my subspecialty especially through **CARSEP** and **SESAP** are most valuable to me.”

- *Surgery Diplomate on the Society's test review materials*



POSTED ON AUGUST 20, 2019



ABIM to Develop Longitudinal Assessment Option

Posted by ABIM

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Summary Report: Fall 2019 Infectious Disease Board Meeting

__ **THANK YOU** _____