UPDATE ON ABMS CONTINUING CERTIFICATION

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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?

- Knowledge and skills decline over time

- Physicians cannot accurately assess their own performance
  - Davis, et al. (2006, JAMA)

- The least skilled are least able to self-assess accurately

- Patients and credentialers expect it
- 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

Reviews: Nichols, Pediatrics, 2017 & Price, Academic Medicine, 2018
Drivers for Change
<table>
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<tr>
<th>WHAT WE’VE HEARD</th>
<th>Not meeting learning and improvement needs</th>
<th>Not integrated into practice</th>
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<tr>
<td>Not relevant to practice</td>
<td>High Stakes Exam</td>
<td>Difficult to Navigate</td>
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**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
- 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.
- 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)
- 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
- 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
FOUNDDATIONAL 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

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

- 95% indicated a reduction in test anxiety
- 98% prefer CertLink and longitudinal assessment over the every 10-year exam
- 99.6% feel CertLink is a feasible method to keep up-to-date with developments
- 88% feel CertLink is an adequate assessment of fundamental knowledge used in everyday practice
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

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“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
ABIM to Develop Longitudinal Assessment Option
THANK YOU