Ain’t Misbehavin’: Is It Possible to Criticize Maintenance of Certification (MOC)?

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Maintenance of certification (MOC) is broken. It needs to be fixed. And the powers behind MOC—the American Board of Pediatrics and the American Academy of Pediatrics—need to understand and accept the fact that criticism of MOC is warranted, needed, and well intentioned.1

We have no argument with the need for pediatricians to keep up-to-date and to document that they are doing so. But a mechanism already exists to do that—continuing medical education (CME). CME has been well documented to increase physicians’ knowledge.2-4 On the other hand, there is no evidence that MOC will be effective. In this new era of evidence-based medicine, the American Board of Pediatrics has implemented a multimillion program, which it promises will “reassure the public and licensing agencies that pediatricians are knowledgeable and competent” without any evidence that it will be effective. Certainly, the ABP has the financial means to conduct pilot studies of any new recertification scheme. But instead, it claims that pressures from the American Board of Medical Specialties (ABMS)—its “parent” Board—are so high and federal and state regulatory and licensing agencies and the general public are clamoring for MOC in such a loud and urgent manner that MOC must be implemented immediately.

With all due respect, we disagree.

The editorial board of Clinical Pediatrics endorses an online system of CME and recertification that would be easy, verifiable, far less expensive than MOC, and show greater financial accountability.

Here are the problems with the current MOC scheme as we see them:

1. MOC has never been adequately tested. The ABP cites multiple studies that recertification works and that the public demands it; but the studies are mostly of internists, and the surveys have been commissioned by the ABP itself.5,6 MOC itself has never been even pilot tested. On the other hand, CME—especially, now, online CME—has been well documented to be efficacious, is readily accepted both by pediatricians and by licensing boards, and is easy to accomplish.3,4 The AAP prides itself in its CME efforts and already has dozens of modules online.

2. MOC is expensive. Enrolling in MOC costs $1070 every 5 years, and an additional $1070 is required for a subspecialty exam. There “may be” additional charges for completing parts 2 and 4 according to the ABP’s Web site. Eventually, the cost is paid by society as well in terms of more expensive health care.

3. Parts 2 and 4 of MOC are cumbersome and do not always apply to pediatricians. There is no alternate pathway for pediatricians who are not seeing patients but are still doing important public health work, for example, or work in locked treatment centers. No credit is given for lecturing or for publications. Many of the modules and quality improvement projects are time-consuming and not applicable to pediatricians’ actual work.

4. The MOC recertification exams are not an accurate or reasonable assessment of pediatricians’ skill or their practices. First and foremost, the ABP insists that the exam be taken in a “sterile” testing center where the pediatrician is on camera, not allowed to go to the bathroom without emptying his or her pockets, and not allowed any technological aids. Pediatricians now practice with computers in their exam rooms and iPhones or Droids at their sides. The need for
rote memorization has long passed. Yet the current recertification exams demand that and much more. More often than not, they are written by academic professors who may or may not see many patients; and the questions are vetted by psychometric specialists who are concerned when a question may not yield enough wrong answers. The ABP insists that if the exams were “open book” or done cooperatively in small groups (which occurred at one juncture and was highly enjoyable), pediatricians would “cheat.” Yet there now exist online mechanisms to guarantee confidentiality and protect against fraud—after all, the president of the AAP is now elected online. In addition, the exam could represent a learning experience for pediatricians. Yet they have to wait for their test results for months. This flies in the face of adult learning principles, which demand immediate feedback. An online curriculum and recertification exam would provide that, and many pediatricians already complete such modules annually (eg, HIPAA, OSHA, etc).

5. The ABP was originally established as a not-for-profit entity (see the appendix). Unfortunately, certification and recertification have become big business. According to public tax records that are available online (IRS Form 990 available at www.GuideStar.org), in 2009, the ABP had >$40 million in reserves. Its top administrators earn several times more than most pediatricians. Certification and recertification of pediatricians is important, but it should not be a major profit-making venture.

6. The ABP currently lists lifetime certificate holders as “not participating in MOC.” This is unfair to those people whom the ABP has previously certified as having lifetime certification status.

7. The ABP has tried to shut down any disagreement or even discussion about MOC. Several petitions to put a moratorium on the MOC process have generated >2000 signatures; yet the ABP has tried to shut down Web sites and any discussion. Pediatricians initially train within an academic system that prides itself on questioning everything. MOC should be no exception.

8. The American Academy of Pediatrics represents approximately 65,000 pediatricians, many of whom are disgruntled by the current MOC process; yet the Academy refuses to intervene. Clearly, this could be because the Academy has a conflict of interest—1 Academy Board member is actually a member of the ABP’s Board of Directors as well. One potential solution might be to have the AAP work with an alternative credentialing board—the American Board of Physician Specialties (ABPS). It is one of 3 major credentialing boards in the country (the ABMS and the American Board of Osteopathy are the other two) and currently credentials and certifies 16 different specialties, including emergency medicine, internal medicine, and psychiatry. It, too, was established to be not-for-profit; but the difference between it and the ABP is that its assets total only $2 to $3 million, and its CEO earns $224,000 a year. Of the 70 state medical boards in the United States, the vast majority do not differentiate among any of the 3 nationally recognized multispecialty boards of certification. The Academy could provide the ABPS with its PREP curriculum and questions, for example, and the latter could certify the results for a minimal cost.

Conclusion

We believe that recertification is an important process for pediatricians that will enable them to keep up-to-date in their field and will reassure both the general public and licensing agencies. But it does not need to be nearly as complicated, time-consuming, or expensive as the ABP’s current scheme. What the public clearly wants—and deserves—are physicians who keep current with changes in diagnosis and treatment and regularly engage in CME. With an annual online curriculum and an every-10-year online recertification exam, this could be accomplished with a minimum of cost and difficulty.
Appendix

The undersigned corporation hereby applies for a Certificate of Authority to transact business in the State of North Carolina, and for that purpose submits the following statement:

1. The name of the corporation is The American Board of Pediatrics, Inc., and it is incorporated and exists under the laws of the State of Delaware.

2. The corporation was incorporated in the State of Delaware on November 20, 1933, and the period of duration of the corporation is perpetual. The corporation is a nonstock, nonprofit organization.

3. The address of the principal office in the State of Delaware is the same as the address of its registered agent there: Katherine L. Easterly, M.D., c/o Christiana Hospital, 4755 Ogletown-Stanton Road, Newark, Delaware 19718.

4. The address of the proposed registered office of the corporation in the State of North Carolina is 111 Silver Cedar Court, Chapel Hill, North Carolina 27514; and the name of the proposed registered agent at such address upon whom service of process may be served is Robert C. Brownlee, M.D. Orange County

5. The purposes of the corporation that it proposes to pursue in the transaction of business in the State of North Carolina are:

The corporation is created to advance the science, study and practice of pediatrics, by evaluating pediatric training programs and the credentials of physicians applying for certification as pediatricians, by examining applicants and certifying those qualifying as pediatricians in accordance with the by-laws and regulations to be adopted by the corporation and by otherwise attempting to advance and elevate the science, study and practice of pediatrics. The corporation shall have all the powers granted to corporations under the laws of the State of North Carolina, for any purpose not for pecuniary profit, to do whatever may be incidental and conducive to the advance of its purposes.

6. The names and addresses of all the directors and officers of the corporation are:
Author’s Note

This editorial has been endorsed by the following editorial board members: Sue Abell, MD; Carolyn Ashworth, MD; Cheston Berlin, MD; Brian Berman, MD; John Bodenstein, MD; Abraham Gedalia, MD; John Graham, MD; J. Routt Reigart, MD; Robert W. Steele, MD; and Russell W. Steele, MD (Editor-in-Chief). Those abstaining are Drs Tom DeWitt, John Ey, Steven Selbst, Robert Wyllie, and Alan Spitzer.

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References