Maintenance of Certification

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In response to numerous letters from our readers as well as concerns from many members of the editorial board, we decided to address the new requirements for recertification in a published editorial format. Our editorial board has never entered into a public debate like this before. However, the recent changes by the American Board of Pediatrics (ABP) were instituted without adequate input from practicing pediatricians, and we felt that our journal was an appropriate vehicle to voice the concerns of general pediatricians and subspecialists related to this controversial change.

We ended up with 2 editorials rather than 1 editorial because of a different primary focus chosen by the lead authors. Conclusions are quite similar and all board members contributed to both commentaries, including those members who abstained from endorsing the documents(s).

We invited the ABP to contribute a companion commentary addressing the decision to change the Maintenance of Certification (MOC) process and justifying each of the 4 parts. The member designated by the ABP to respond to our request declined because he felt that a better format for this discussion was an open public forum perhaps in conjunction with an American Academy of Pediatrics activity. We did not want to delay our input until such a meeting could be planned.

Following are our 2 editorials that we hope you will find to be scholarly and constructive.

Maintenance of Certification: Was It Broken and Did We Fix It?

Members of the Editorial Board
Clinical Pediatrics

The dictionary defines a pediatrician as "a physician who specializes in pediatrics." Pediatrics is then defined as "the branch of medicine concerned with the development, care, and diseases of babies and children." The definition of a pediatrician is therefore way understated.

A pediatrician is actually a physician, board certified or qualified in pediatrics, who provides ideal medical care for neonates, infants, children, and adolescents. That is how we were trained and that is our focus as we strive to maintain optimal skills in the administration of vaccines and other preventive interventions as well as the diagnosis and management of our patients' illnesses.

Each pediatrician differs on the methods that she or he prefers using to keep up to date on recent literature and reviewing the current management of diseases that are infrequently seen. Most make extensive use of Internet resources such as "Up To Date" or "E Medicine," often during the actual patient encounter in the office or hospital using a readily available computer or handheld electronic device. This best assures ideal medical care for our patients, which again defines us as pediatricians. In addition, publications such as *The Harriet Lane Handbook*, authored by physicians at the Johns Hopkins Hospital, and the *Red Book*, published by the American Academy of Pediatrics (AAP), which are updated frequently, also provide quick and accurate references for patient care.

Most of us were educated and trained primarily with textbooks, and we used these on a daily basis to optimize our understanding of pathophysiology, differential diagnosis, and subsequent patient management. Quoting *Nelson's Textbook of Pediatrics* was the way we impressed our mentors. If it was there, it was the standard of care. Such texts were our references for many years. However, even though new editions came out every 4 to 5 years, many preferred sticking with the texts purchased during medical school with the earlier highlighting and underlining to guide us to the important information. Unfortunately, we were in jeopardy of not updating important information used in our daily practices. Journals such as *Pediatrics*, the official journal of the AAP, was and still is an important method of keeping up, but journals still do not provide complete

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information on the diseases we treat on a daily basis. Purchasing new editions of textbooks when they come out does not solve the problem either. By definition, textbooks are outdated even before they are published as important new information on pediatric diseases surfaces on a daily basis.

In the past, these standard pediatric textbooks were also the source of reference for our pediatric board exams. The answers to exam questions could often be found and worded exactly from texts. Therefore, everyone knew that the way to study for the board exam was to read Nelson from cover to cover at least twice.

Computers have now drastically changed the way we learn and have had a major impact on the practice of medicine. Students rarely purchase textbooks. It's all on Web sites, purchased and made available to them by their medical schools. Many excellent medical information resources are free to everyone.

This brings us to the issue of certification and recertification. No longer do exam questions come from standard texts. The American Board of Pediatrics (ABP) appreciates this deficiency of texts and now relies on experts to design exam questions that are clinically relevant and up to date, and they do an excellent job.

Certification of pediatricians was accomplished for many years with a written exam followed 1 year later by an oral exam administered by 3 examiners in a very user friendly setting. The oral exam was eliminated in 1989 and only a written exam was required. Recertification was instituted in 1988 but was not mandated for those who were already board certified. They were considered life certificate holders and were "grandfathered" if certified before 1988, although many still opted to take the periodic exam to be certain they were keeping up properly. The CD-ROM recertification exam emerged shortly afterward once desktop and laptop PCs became commonplace. This format remained in place until 2003, when testing in secure centers was instituted.

Meanwhile new mechanisms for continuing medical education (CME) blossomed. These included update and board review educational programs offered by the AAP, medical schools, hospitals, other professional and educational organizations, journals, and later Internet resources. To maintain state licenses and hospital privileges, physicians were required to demonstrate that they had participated in the defined number of CME programs. I think most agree that this was an excellent requirement to maintain certification on a yearly basis and that an exam administrated by the ABP every 7 years was acceptable. Recertification improved even more when the periodic testing could be taken with the exam on a CD-ROM provided by the ABP, completed in the comfort of our home or office with a computer. There was no expense for travel and, more important, no time lost from work, which is obviously an even greater expense.

Current Maintenance of Certification (MOC)

Beginning in 2010, the American Board of Pediatrics (ABP) changed the requirements for recertification of pediatricians and pediatric subspecialists from an exam every 7 years to a stepwise process to be completed every 10 years (Table 1). In 2010, the first year of this new format, 9654 pediatricians held a certificate that required them to recertify and complete the new 4-part requirement. More than 1200 of these pediatricians elected not to enroll in the program and, in effect, have now let their certification expire. Information is not yet available for the actual numbers who have now completed the 4-part recertification process.

With this background, we suggest the following flaws in the current requirements and offer suggestions for improvement:

Part 1: This is completed with a valid medical license, which is mandatory to practice medicine. Documentation for recertification is certainly appropriate. We suggest no changes.

Part 2: There is no evidence that the self-assessment activities provided by the ABP are superior to the many other CME activities provided by the AAP, hospitals, and other medical education courses already attended by most pediatricians. The ABP program should be offered as just one of these options, not an additional requirement. Each pediatrician should be given the choice to select what program is best for her or him rather than being required to only do the one provided by the ABP. Believe it or not, computer access is still not absolute. There are dedicated American pediatricians working in developing countries with no computer capabilities. For part 2, we suggest returning to a required number of CME hours.

Part 3: The exam could be provided, as it once was, on a CD-ROM to be completed at the physician's convenience. This would reduce the cost considerably from the current $1300 to $1400 as "secure" testing centers would not be needed.

Table 1. Maintenance of Certification (MOC) Requirements

Part 1. Now completed if you hold a valid, unrestricted medical license.
Part 2. Complete 1 online knowledge self-assessment activity, available with your online portfolio from the American Board of Pediatrics (ABP), www.abp.org. This is now required by 30 November of the year when your license expires. Cost: none.
Part 3. Computer-based exam in a secure testing center located throughout the country, now required every 10 years rather than every 7 years. Cost approximately $1300.
Part 4. Complete 1 performance in practice activity. This is now required by 30 November of the year when your license expires. Cost varies by the activity selected but the ABP provides some free of charge for diplomates. All require an extensive time commitment to complete and office resources to retrieve patient data.

Also, it would protect the pediatrician's time as the exam would not have to be taken during office hours, thereby causing a half or full day work absence. There is an honor code inherent in medicine that we have always embraced and this could be applied to the recertification exam. The test could be closed book or open book at the discretion of the ABP and could be timed if deemed necessary. We trust our colleagues' honesty and would have it no other way.

Part 4: This is the most time consuming and potentially most expensive step in the new recertification process. It has also come at a time when the practice of medicine is requiring a much greater commitment of physicians' time to record keeping, written justification of referrals and diagnostic testing, and insurance requirements. The timing is unfortunate as the addition of MOC is now perceived as another part of the less desirable aspects of our profession.

Many physicians do not have the office resources to gather required patient data for part 4, so they must do it themselves. More important, there is absolutely no evidence yet that this exercise will improve the quality of medical care. It is the kind of intervention that should be carefully studied in controlled clinical trials prior to implementation. If there were clear proof of its value, pediatricians would be willing to commit to the time and expense. This part should not be included until firm data are available. We strongly suggest a moratorium on part 4.

Conclusion

It is apparent from our readers that those who did complete all steps found the process extremely time consuming and quite expensive. This is the reason that we, the editor of *Clinical Pediatrics* and some members of the editorial board, would ask the ABP to reevaluate the current requirements for MOC and to consider methods of making it less time consuming and expensive. More important, we would suggest a careful evaluation of the true benefits of the new process, that is, the evidence that pediatricians who complete all parts become better pediatricians. This is the evidence-based medicine that we are trained to rely on in our practices and should be applied here. Meanwhile, we suggest a moratorium on the current recertification requirements until these issues are resolved. We strongly recommend the option of yearly CME acquisition and once every 10 years online testing with all resources available to the examinee to obtain best clinical judgment.

Some members of our board have chosen to abstain from endorsing this publication because of a conflict of interest since they work closely with the ABP. This is certainly appropriate, and a difference of opinion is always healthy. We would all add that we greatly respect the officers of the ABP and the many excellent pediatricians and pediatric subspecialists who work closely with them to design optimal testing materials and to consider better ways to help colleagues maintain their skills in caring for children. We are simply offering another view on the recertification process.

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