

Closing Panel Summary Report

Moderator: Laura Brooks, MD
Pediatrician
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Panelists:

Rebecca Lipner, PhD
Senior Vice President for Evaluation, Research, & Development
American Board of Internal Medicine

David Nichols, MD
CEO and President
American Board of Pediatrics

Cees van der Vleuten, PhD
Scientific Director of the School of Health Professions Education
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Martha Middlemist, MD
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Joseph St. Geme, MD
Professor and Chair of Pediatrics
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Dr. Laura Brooks began by saying that the charge of the Future of Testing Conference Planning Committee was to think of all possibilities for a new MOC process, push the envelope, and think about the new tools/innovations the ABP can use to improve the certification process. In light of this, the beginning question of the panel discussion was whether the ABP is where it needs to be to move forward with this charge and what considerations there are. The panelists discussed and offered the following:

- The ABP has to maintain a durable, productive, mutually supportive relationship with diplomates. All parts of MOC need to fit into this. Part 3 needs to have more emphasis on feedback and identifying and filling gaps in knowledge.
- The ABP needs to have a clear vision of where they're going. For example, is participation in MOC enough? Or is there another role for the Board in assuring the public that diplomates have met some threshold in competencies? There was a suggestion that there have to be stakes in this for the physician and the public. If someone refuses to learn or participate, the ABP should revoke their certification. There have to be consequences in order to provide public assurance.
- The ABP needs early involvement of all stakeholders to ensure that they're making decisions that are relevant, important, etc. Communication to diplomates about any changes is crucial.
- The ABP should move to a continuous improvement model that still holds diplomates accountable.
- Diplomates need to see the ABP as a source of tools to make them better pediatricians.
- The ABP needs a continuous MOC program that is engaging. Diplomates should view MOC not as something the ABP is making them do, but rather something that is driving them to improve and want to engage.

Prior to the Closing Panel, all conference participants were asked to cast votes for the ABP's priorities among all the ideas presented by the speakers over the prior two days. According to the votes, the group was very clearly in favor of a model similar to the American Board of Anesthesiology pilot (MOCA Minute) which provides for continuous, ongoing, formative assessment when compared against the current, once in 10-year, summative exam.

A panelist commented that there are fiduciary considerations when deciding how to move forward. It is cost prohibitive to do everything within the next 5 years. The ABP needs to be strategic about making changes to the MOC program.

Some members of the psychometric community offered perspective on potential MOC changes: it's attractive to have physicians work in teams and do more collaboration; but, for public accountability, the ABP needs to be sure to include the individual physician in the process. Also, Part 3 can be seen as a screening tool before getting caught by Part 1; early detection of physicians who have a lack of fund of knowledge. However, this was countered by the assertion that the exam is not in-depth enough to catch big issues and the ABP should focus on fostering learning and improvement.

The discussion turned to the question of where the responsibility of the Board starts and ends. What is the Board's role in measuring competency in practice? What would a diplomate in practice demonstrate? Should the medical school, or residency or fellowship programs be responsible for ensuring competencies are met? Collectively, we need to figure out whose role it is and how to measure it.

The discussion then addressed the need for the ABP to take on a research role by pilot testing some of these alternate assessment methods and tapping into public opinion (e.g., focus groups with an education component). Finally, the panelists pointed out that as the ABP employs different testing and assessment strategies, we need to consider issues of legal defensibility and be sure we can support and validate changes to the MOC process as adding value to certification as well as providing public assurance.