

Maintenance of Certification Summary Report

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Background

Maintenance of Certification (MOC) is a four-part process that assures the public that pediatricians involved in MOC are continually demonstrating clinical competence. The four parts, as defined by the American Board of Medical Specialties, consist of Professional Standing, Lifelong Learning, Cognitive Expertise, and Performance in Practice.

Key Points from Presentation

The ABP's MOC program assesses the six core competencies established by Accreditation Council for Graduate Medical Education (ACGME), enabling the ABP to assure the public, licensing boards, payers, and regulatory agencies that certified pediatricians and pediatric subspecialists (ie, diplomates) have the knowledge and skills to deliver quality care.

- Professional Standing (Part 1)
Pediatricians hold a valid, unrestricted medical license.
- Lifelong Learning and Self-Assessment (Part 2)
Pediatricians assess and enhance their knowledge in areas important to their practices using activities developed by the ABP and other organizations, including the American Academy of Pediatrics (AAP).
- Cognitive Expertise (Part 3)
Pediatricians pass a secure examination administered at testing centers worldwide.
- Performance in Practice (Part 4)
Pediatricians participate in a range of ABP-approved quality improvement (QI) projects designed to assess and improve the quality of patient care.

It is important to note that participation in continuing medical education (CME) alone will not fulfill Part 2. However, there are 145 activities, nearly all of which also earn CME credit through the AAP. These activities include 45 subspecialty self-assessments as well as Question of the Week, Decision Skills, and the General Pediatrics Knowledge Skills Assessment. Some Part 2 activities are paired with companion modules that also earn Part 4 credit. Improvement in Medical Practice is now being designed to give physicians Part 4 credit for what they may already be doing in their own practices (workplace QI projects). Physicians can also complete online QI modules through which they identify a gap in quality or practice, define a goal, plan and execute an intervention, measure results, and then reflect on results to determine next steps.

Key Points from Breakout Session

The role of Part 3 was discussed at length. The group felt that this part should continue to assess medical knowledge, but that it should be more robust and include other competencies. There was also concern that an exam every 10 years does not continuously monitor a physician's cognitive abilities, particularly in the last 10 years of a physician's practice. Would an exam given only every 10 years, for example, overlook someone who experiences a significant decline in cognitive function? The American Board of Anesthesiology's MOCA Minute seems to provide a more continuous assessment of a physician's cognitive abilities, assuming it can be verified that it is the physician being tested who is answering the question. The discussion also focused on a desire to promote learning in the exam by highlighting items answered incorrectly.

There also was interest in creating alignment between Parts 2 and Part 3. When new practice guidelines are published, for example, then a new Part 2 activity should be developed to help teach and reinforce these guidelines. The same information should be assessed on the examination (Part 3). There was consensus that the ABP should link Parts 2, 3, and 4 whenever possible so that there can be a summative evaluation of its diplomates. At present, only Part 3 includes the possibility of failure, but there also may be ways to rate how physicians are doing in Parts 2 and 4. In doing so, the ABP would develop a more composite picture of pediatricians and be able to ensure clinical competency in more than just the area of medical knowledge.

Conclusions

It is important to address the overall Maintenance of Certification process in order to respond to current physician concerns. Working to integrate all parts of the MOC process will help the ABP to fully evaluate physicians in all competency areas, which will provide the necessary assurance to the public. The ABP should work to develop methods for ongoing evaluation of physician abilities. The current 10-year examination may not be adequate to detect a physician with declining cognitive functions.

When asked if the main purpose of MOC Part 3 should be to assess competency or promote learning, the small group felt it should assess competency. When the same questions was presented to the larger group, however, it was more difficult to answer as many wanted to select "both." But when forced to choose between the two, over 70% indicated that the main purpose of Part 3 should be a measurement of competency. The struggle to settle on a single purpose suggests that the ABP should consider both as it considers changes to its MOC program.