



Original Contribution

Perceived value of Board certification and the Maintenance of Certification in Anesthesiology Program (MOCA®)[☆]

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Received 26 July 2012; revised 30 August 2012; accepted 2 September 2012

Keywords:

American Board of Anesthesiology;
Anesthesiologists;
Board certification;
Core competencies;
Maintenance of Certification;
Maintenance of Certification in Anesthesiology Program

Abstract

Study Objective: To determine the attitudes and perceptions of diplomates of the American Board of Anesthesiology (ABA) regarding the value of Board certification, Maintenance of Certification (MOC), and the specific components.

Design: Survey instrument.

Setting: American Board of Anesthesiology, Raleigh, NC, USA.

Subjects: Diplomates of the ABA.

Measurements: A SurveyMonkey link was sent to 3,000 randomly selected 1) non-time-limited diplomates who were not enrolled in MOC, 2) non-time-limited diplomates who were enrolled in MOC, and 3) time-limited diplomates of the ABA (1,000 survey requests per group). The surveys queried demographics, attitudes about the value of Board certification, and attitudes and knowledge about Maintenance of Certification in Anesthesiology (MOCA).

Main Results: 17% to 27% of diplomates from each group completed the survey. The majority of these diplomates perceived Board certification to be of value in demonstrating competence, although fewer believed that Board certification reflected competence. The elements of Professional Standing and Lifelong Learning and Self-Assessment were perceived to be significantly more relevant to the practice of the diplomates than were the Cognitive Examination and Practice Performance Assessment and Improvement activities. Diplomates demonstrated concerns about the cost and complexity of MOC, a lack of evidence that it improves practice, and a belief that the Cognitive Examination covered topics that were not relevant to their current practice.

[☆] Supported by the American Board of Anesthesiology, Raleigh, NC, USA.

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Conclusions: Although diplomates of the ABA highly value Board certification and report that the components of the MOCA program have potential relevance to their practices, they expressed significant concerns about the program as it is currently implemented.

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1. Introduction

In alignment with requirements of the American Board of Medical Specialties® (ABMS®; Chicago, IL, USA), the American Board of Anesthesiology, Inc.® (ABA; Raleigh, NC, USA) has transitioned from non-time-limited certification to time-limited certification, with a requirement for continuous professional development of the diplomate by participating in Maintenance of Certification® (MOC; ABMS). The ABMS approved the concept of MOC in 2000; it was subsequently adopted by all 24 member Boards, including the ABA [1]. Prior to January 1, 2000, all diplomates of the ABA were issued a certificate that was valid for the lifetime of the diplomate (non-time-limited). All certificates issued by the ABA in or after 2000 expire 10 years after the year in which the candidate passes the certification examinations and is awarded diplomate status by the ABA.

The Maintenance of Certification in Anesthesiology Program (MOCA®) is a 10-year cycle of continual self-assessment and lifelong learning, including periodic assessment of professional standing, cognitive expertise, and practice performance assessment and improvement. The goal of MOCA is to document that diplomates maintain expertise in the core competencies of patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The MOCA requirements in the 4 domains, Professional Standing, Lifelong Learning and Self-Assessment, Cognitive Expertise, and Practice Performance Assessment and Improvement, are designed to provide assessments of these 6 general competencies. Diplomates who hold a certificate that is non-time-limited may voluntarily elect to participate in MOCA; however, the ABA does not alter the status of their certification if they do not participate. MOCA and similar programs in other specialties are not without controversy. Although the public may perceive the general value of physician activities such as participation in MOCA, physicians have raised questions about the value and relevance of MOC to their practice^{1,2} [2].

To optimally meet the needs of continuous professional development for the diplomate, information regarding the perceptions and attitudes of the diplomate toward MOC and its specific components is critical. However, there are currently little data available on the attitudes and perceptions

of diplomates about MOC in any specialty, and none for anesthesiology. The purpose of this study was to determine the attitudes and perceptions of ABA diplomates regarding the value of Board certification and MOCA and its specific components. Survey responses were analyzed according to the type of certificate (time-limited vs non-time-limited) held by the respondent and enrollment status in MOCA.

2. Materials and methods

This study was deemed exempt from review by the Mayo Clinic Institutional Review Board.

2.1. Participants

At the time of survey distribution (beginning in July 2011), approximately 43,000 diplomates held valid anesthesiology certificates issued by the ABA (ie, recipients were not deceased and did not have their certification revoked). Certificates issued prior to January 1, 2000 are non-time-limited (NTLCs). Individuals holding these certificates may voluntarily enroll in MOCA, but they are not required to do so to maintain certification. At the time of survey distribution, 1,273 of those with NTLCs were voluntarily enrolled in MOCA, while 28,369 remained unenrolled. Of the latter group, 16,879 individuals were certified after 1975 and thus are likely still in active practice (and potentially able to voluntarily enroll in MOCA). All those certified on or after January 1, 2000 received time-limited certificates (TLCs) valid for 10 years and are automatically enrolled in MOCA. At the time of survey distribution, 14,634 diplomates with TLCs were enrolled in MOCA.

Alphabetical lists were generated for each of the three groups: diplomates with NTLCs who were not enrolled in MOCA, diplomates with NTLCs who were enrolled in MOCA, and diplomates with TLCs (all of whom were enrolled in MOCA). Each list included all individuals whose full contact information (email and mailing addresses) was available. For those diplomates with NTLCs who were not enrolled in MOCA, the list was limited to those who were certified after 1975, as these individuals are typically still in active practice, have the potential of practicing several more years, and who could potentially enroll in MOCA. One thousand diplomates in each of the three groups were selected by sampling the lists at the appropriate interval from each list (eg, for approximately 15,000 TLCs, every fifteenth name was selected).

¹ Haddad T. Simulation and the MOCA. *Anesthesiology News* 2012;38:4.

² Haddad T. Simulation and the MOCA (part 2). *Anesthesiology News* 2012;38:5.

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