

Maintenance of Certification for Gastroenterologists



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Roadmap to the **FUTURE** of **PRACTICE**

In this month's "Road Ahead" column, we tackle a subject that has raised significant concerns among physicians nationwide: Maintenance of Certification or MOC as it is currently defined by the American Board of Internal Medicine (ABIM). As many of you know, all physicians whose specialty certification falls under ABIM (this includes one in four specialty physicians nationwide) and who became certified after 1990 are required to (1) pass an initial certification exam, (2) participate in MOC, and (3) pass a high-impact recertification exam every 10 years. For those who passed their exams before 1990, they hold a "lifetime" certificate (that cannot be retracted as long as the physician holds a valid medical license), but as of January 2014, they are required to engage in MOC activities to be listed as "Certified-Participating in MOC" on the ABIM website. Those who do not engage in MOC activities as defined by ABIM are listed as "Certified-Not participating in MOC". To my knowledge, no hospital or health system has distinguished between these two situations with regard to privileges or credentialing. This article is co-authored by Dr Paul Martin (hepatologist at University of Miami), who Chairs the GI Specialty Board for ABIM, and me (a member of the GI Specialty Board).

In this same issue of *Clinical Gastroenterology and Hepatology* (and simultaneously published in *Gastroenterology*) there is a white paper developed by an AGA Task Force on MOC. This task force met in June at AGA headquarters and discussed the best options (from our standpoint) for lifelong education and assessment of specialty expertise. I hope you enjoy reading both articles and helping AGA and our sister societies sort through the various options for ensuring that "Board Certified in Gastroenterology" continues to mean something special.

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Podcast interview: www.gastro.org/cghpodcast.
Also available on iTunes.

The exponential increase in medical knowledge has a number of important implications, not the least of which is the challenge for physicians to remain current without one's knowledge base eroding over time.¹ Fortunately, there is evidence that patient care is enhanced by continuing physician education and practice-based learning.² However, studies have also shown that an individual practitioner's ability to assess his or her own clinical competence may be flawed, compounding the difficulty of staying current.³

The origins of the American Board of Internal Medicine (ABIM) date to 1936 when it was incorporated by the American College of Physicians and the American Medical Association with a goal to publicly differentiate physicians who met a peer standard from other physicians who could not (or chose not) to meet the standard. ABIM is one of 24 constituent boards of the American Board of Medical Specialties (ABMS), and from its inception, ABIM was chiefly concerned with qualification for certification in the general field of internal medicine and had a strong commitment to consolidate all emerging subspecialty fields in internal medicine under one umbrella board. This is in contradistinction to the multiple boards related to surgery, for example.

ABIM also recognized the need to develop subspecialty certification and in 1939 approved a petition from the American Heart Association to recognize cardiology as a subspecialty. In 1941, the first subspecialty exams were administered in cardiovascular, gastroenterology, tuberculosis (later pulmonary), and allergy. Currently,

Abbreviations used in this paper: ABIM, American Board of Internal Medicine; ABMS, American Board of Medical Specialties; ACG, American College of Gastroenterology; AGA, American Gastroenterological Association; ASGE, American Society for Gastrointestinal Endoscopy; CME, Continuing Medical Education; GI, gastrointestinal; MOC, Maintenance of Certification; SAM, self-assessment module.

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ABIM certifies 1 of every 4 physicians in the United States with more than 200,000 current Board Certified Physicians and has 11 specialty boards, including gastroenterology.

In common with other professional bodies, ABIM has undergone an evolution in its efforts to assist its diplomates in maintaining clinical competence. Until the 1980s board certification was valid indefinitely, and the onus was on the individual to remain current, typically by obtaining Continuing Medical Education (CME) credits. By 1990, however, all new ABIM certifications were time-limited with a requirement to undertake a secure examination and participate in self-assessment activities every 10 years to revalidate certification, underscoring the need for continuing involvement with medical education as a prerequisite for remaining “board certified”. However, the utility of CME in preventing a decline in physician knowledge has been a concern.⁴ It is believed that a 10-year cycle may allow too long a hiatus in updating medical knowledge.⁵ Therefore, the current formulation of Maintenance of Certification (MOC) is a career-long process of continuous medical learning to enhance patient care and physician competence. It is based on 6 domains endorsed by ABMS, of which ABIM is a member, and the Accreditation Council for Graduate Medical Education: medical knowledge, patient care and procedural skills, interpersonal and communication skills, professionalism, practice-based learning and improvement, and systems-based practice.⁶ These domains are recommended by the Joint Commission to assess the competence of hospital medical staff as well as in graduate medical education.⁷

In turn, these domains are incorporated into MOC in 4 parts adopted by all 24 ABMS member boards including ABIM:

Part 1: Possession of a valid, unrestricted license to practice medicine

Part 2: Self-evaluation of medical knowledge

Part 3: Successfully completing a secure examination every 10 years

Part 4: Self-evaluation of practice assessment.

New Maintenance of Certification Program

Effective January 2014, ABIM launched a more continuous MOC program, requiring diplomates to engage in a 5-year cycle. To remain MOC compliant, diplomates must earn 100 MOC points every 5 years and

complete any MOC activity every 2 years, in addition to the secure exam. A redesigned personalized physician portal was also introduced, which details the specific MOC requirements for each diplomate as well as suggestions of how to meet those requirements from available resources. On the basis of a January 2014 start date, each diplomate should have completed an MOC activity by the end of 2015 and again by the end of 2017. By December 31, 2018, diplomates will need to accrue a total of 100 MOC points. If a diplomate should miss one of the outlined MOC milestones, they would simply be required to complete that past due requirement to become MOC compliant.

However, the medical community responded with anger, frustration, and concern over parts of the new program. In response to this feedback, Richard J. Baron, MD, MACP, President of ABIM, issued an apology on February 3, 2015 for recent changes to the MOC program and announced that ABIM would be engaging the community to develop a more relevant and meaningful MOC program. He also announced that diplomates will not be required to complete a Practice Assessment, Patient Safety, or Patient Voice requirement for at least the next 2 years.

Since Dr Baron’s announcement, the breakdown of the 100 MOC points no longer requires a minimum of 20 points to be earned in practice assessment; however, completing a practice assessment activity will still earn MOC points. A minimum of 20 points must be earned in medical knowledge, although many diplomates may prefer to earn all 100 points in this category. In addition, sitting for an MOC examination earns 20 MOC points for the first attempt.⁸

Public Reporting of Physician Status on American Board of Internal Medicine Website

Individual physicians’ MOC and certification status is currently available to the general public on the ABIM website. An unfounded concern is that diplomates certified before 1990, the so-called grandfathers (and grandmothers), will be stripped of their certification. ABIM will continue to honor lifetime certifications as long as the diplomate holds a valid and unrestricted medical license. Physicians are encouraged but not required to participate in MOC for lifetime certifications. To be reported as “Certified-Participating in MOC,” grandfathers need to meet the 2-year and 5-year milestones for MOC and pass an MOC examination by December 31, 2023. Grandfathers who do not complete MOC requirements will be reported as “Certified-Not participating in MOC.” They will continue

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