



Physician Attitudes About Maintenance of Certification: A Cross-Specialty National Survey

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Abstract

Objectives: To determine physicians' perceptions of current maintenance of certification (MOC) activities and to explore how perceptions vary across specialties, practice characteristics, and physician characteristics, including burnout.

Patients and Methods: We conducted an Internet and paper survey among a national cross-specialty random sample of licensed US physicians from September 23, 2015, through April 18, 2016. The questionnaire included 13 MOC items, 2 burnout items, and demographic variables.

Results: Of 4583 potential respondents, we received 988 responses (response rate 21.6%) closely reflecting the distribution of US physician specialties. Twenty-four percent of physicians (200 of 842) agreed that MOC activities are relevant to their patients, and 15% (122 of 824) felt they are worth the time and effort. Although 27% (223 of 834) perceived adequate support for MOC activities, only 12% (101 of 832) perceived that they are well-integrated in their daily routine and 81% (673 of 835) believed they are a burden. Nine percent (76 of 834) believed that patients care about their MOC status. Forty percent or fewer agreed that various MOC activities contribute to their professional development. Attitudes varied statistically significantly ($P < .001$) across specialties, but reflected low perceived relevance and value in nearly all specialties. Thirty-eight percent of respondents met criteria for being burned out. We found no association of attitudes toward MOC with burnout, certification status, practice size, rural or urban practice location, compensation model, or time since completion of training.

Conclusion: Dissatisfaction with current MOC programs is pervasive and not localized to specific sectors or specialties. Unresolved negative perceptions will impede optimal physician engagement in MOC.

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Certification boards emerged in the United States in the early 20th century to ensure the competence of physicians completing formal training.^{1,2} To accommodate concerns that physician knowledge and skills decline over time and that medical science changes, certification has evolved from a one-time event to a program of ongoing education and assessment—maintenance of certification (MOC).^{1,3} Each member board of the American Board of Medical Specialties has developed an MOC program within a 4-part framework: professional standing, lifelong learning and self-assessment, assessment of knowledge and skills, and improvement in medical practice. Maintenance of certification has a sound theoretical rationale,⁴ is favorably associated with some clinical quality measures,^{4,5} and many physicians support its

intent,⁵⁻⁸ yet substantive concerns have been raised about the effectiveness, relevance, and value of current MOC programs.^{2,6,9,10} This controversy is evidenced by letters,¹¹ editorials,¹²⁻¹⁴ opinion polls,¹⁵ petitions,¹⁶ changes in program structure,¹⁷ and efforts to create an alternative certification board.¹⁸

Despite its importance in the eyes of physicians and the public, and the vocal comments of individual authors,¹¹⁻¹⁴ empirical research on physician attitudes about MOC is surprisingly limited.⁵ Research in the early days of MOC, although seminal in its time, is now out-of-date.⁷ The Pennsylvania Medical Society's statewide cross-specialty survey in 2014 found widespread physician dissatisfaction with MOC in practice and concept.¹⁹ In national surveys of board-certified US physicians, pediatricians voiced disinterest in and many concerns about

MOC²⁰; anesthesiologists affirmed that they value continuing certification but have concerns about MOC implementation⁸; and internal medicine physicians expressed dissatisfaction with MOC.²¹ A recent focus group study among internal medicine and family medicine physicians identified concerns about the value, relevance, integration, and coherence of and support for MOC as currently operationalized,⁹ but the generalizability of these findings remains uncertain. We are not aware of any national cross-specialty investigations of physician attitudes and perceptions about MOC.

A broader understanding of the current opinions of physicians about MOC and how opinions vary among different physician specialties and subgroups is lacking. For example, physicians in small practices, rural communities, and productivity-based (vs salaried) positions and those later in their careers may perceive less relevance in MOC activities or greater difficulty meeting MOC requirements. Given recent concerns about physician wellness,^{22,23} it is also important to determine the relationship between burnout and MOC perceptions. Such information could help certification boards and other stakeholders refine and improve MOC to better meet the needs of physicians and patients.

To address these gaps, we conducted a cross-specialty national survey of US physicians to determine physicians' perceptions of current MOC activities and to explore how their perceptions vary across specialties, practice models, certification status, and level of burnout.

METHODS

From September 23, 2015, through April 18, 2016, we surveyed licensed US physicians via a self-administered Internet and paper questionnaire. Survey items addressed attitudes about continuing professional development and MOC; this report focuses on those related to MOC.

Sampling and Human Subjects

We obtained contact and basic demographic information (specialty, sex, and practice location) for a random sample of 4648 licensed US physicians from the LexisNexis Provider Data Management and Services database

(LexisNexis Risk Solutions). Web survey completion was tracked, but all survey responses were anonymized. We informed invitees that responses would be anonymous and offered a nominal incentive (book valued <\$12) for participation. This study was approved by the Mayo Clinic Institutional Review Board.

Instrument

The authors and 2 other experienced physician-educators (R.B. and D.P.), all with backgrounds working in academic medical centers, integrated care delivery systems, and medical specialty boards, created a survey questionnaire addressing various topics related to continuing professional development, including 13 Likert-scale items about MOC (quoted verbatim in Table 1; response options: 1=strongly disagree and 7=strongly agree). To keep the questionnaire length manageable, we divided it into 2 sections of approximately equal length and allowed participants to submit the survey after completing the first section ("primary items"); those willing to continue could respond to the additional "secondary" items. Eight primary items addressed concerns identified in a recent focus group study⁹ (value, relevance, integration, and support), comprehensiveness in addressing professional development needs, overall burden, and 2 issues raised in recent discussions (certification board financial interests^{13,14} and public [patient] attention to certification status²⁴). Five secondary items concerned the value of MOC-related activities (self-assessment activities, practice improvement activities, and preparing for the examination) in supporting one's professional development, MOC's effect on patient safety, and interest in various MOC activities. We also inquired about burnout²⁵ and demographic characteristics. To provide a shared context and framework for participants with different backgrounds, the questionnaire instructions defined MOC as "a program of assessment, continuous learning, and practice improvement designed to encourage and certify ongoing development and proficiency in key professional competencies."

We asked 4 continuing medical education experts at nonaffiliated institutions to review the full questionnaire to identify important

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