

# Commentary: Building the Evidence Base in Support of the American Board of Medical Specialties Maintenance of Certification Program

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## Abstract

In this issue, Lipner and colleagues describe research supporting the value of the examinations used in the maintenance of certification (MOC) programs of the American Board of Internal Medicine and the American Board of Surgery. The authors of this commentary review the contribution of this research and previous investigations that underscore the value of this component of the American Board of

Medical Specialties (ABMS) MOC program. In addition, they point out that the MOC examination is one element of a comprehensive approach to physician lifelong learning, assessment, and quality improvement. The ABMS MOC program requires diplomates of the ABMS member boards to engage in continuous professional development in the six domains of competence and performance previously defined by the

ABMS and the Accreditation Council for Graduate Medical Education. Although evidence and a sound rationale exist to support educational and assessment methods that target all six domains, it will be important to continue to build the body of evidence demonstrating the value of MOC to the public and to the profession.

*Editor's Note: This is a commentary on Lipner R, Song H, Biester T, Rhodes R. Factors that influence general internists' and surgeons' performance on maintenance of certification exams. Acad Med. 2011;86:53–58.*

**P**ossession of a broad and deep fund of knowledge is essential to the development of medical expertise and sound clinical decision making in the practice of medicine. Assessments of medical knowledge constitute important steps in the processes by which physicians are licensed to practice in the United States and subsequently attain specialty board certification. The relevance and value of such assessments for board certification by various member boards of the American Board of Medical Specialties (ABMS) has been repeatedly demonstrated by studies linking board certification to higher levels of clinical care and better patient outcomes.

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Although the examinations used by our member boards as part of their ABMS maintenance of certification (MOC) programs are relatively new, research has already shown a relationship between ABMS MOC examinations and quality of care.<sup>1,2</sup>

The study by Lipner and colleagues from two of the ABMS's larger member boards, the American Board of Internal Medicine and the American Board of Surgery, provides additional evidence regarding the value of the examinations used within ABMS MOC programs.<sup>3</sup> The positive correlation between ABMS MOC examination scores and prior program director ratings and current continuing educational efforts support the validity of these examination scores. In addition, their research findings point to the value of ABMS MOC examination scores in identifying cohorts of practitioners who have a higher risk of knowledge and patient care deficiencies and thus might benefit from targeted educational programs.

Although the value of cognitive examinations in ensuring the adequacy of knowledge for physicians seeking to attain or maintain their board certification is established, it has become increasingly evident that ensuring adequate knowledge is only one element of successful professional development. In response to research demonstrating

wide variability in quality of care and increasing public expectations for professional accountability, the ABMS MOC program has been developed as a four-part framework that includes Part I, Professional Standing; Part II, Lifelong Learning and Self-Assessment; Part III, Cognitive Expertise; and Part IV, Practice Performance Assessment.<sup>4</sup> These components of the ABMS MOC program are based on the familiar framework of six competencies that were jointly developed by the ABMS and the Accreditation Council for Graduate Medical Education.

Having recently adopted new standards for the ABMS MOC program, the committees that govern the ABMS's certification and MOC programs have begun to consider future enhancements that include more continuous assessment and improvement activities and more public transparency. The committees and working groups charged with moving ABMS MOC standards to a higher level have begun to recognize the ABMS member boards' MOC programs as representing a continuing professional development framework where assessment activities in Parts I, III, and IV are linked in a continuous, synergistic manner with the educational elements in Part II.

As exemplified by recent efforts of the 24 member boards of ABMS to enhance the

quality improvement elements in Part IV of their MOC programs, the assessment of practicing physicians is intended to focus first and foremost on the quality of the health care that physicians provide. The ideal method for measuring and improving health care quality will vary depending on the nature of a physician's specialty practice and the context in which care is provided. Traditional practice audits, using medical records or administrative data, remain a valuable assessment method for physicians engaged in continuous patient care. For surgeons and other physicians whose practice requires procedural skills, registries may provide an optimal method for informing learning and improvement needs. For physicians not involved in direct patient care, such as diagnostic radiologists and pathologists, much of their care is focused on peer-to-peer rather than physician-patient interactions. A well-developed peer review process that targets the accuracy, safety, or technical quality of the diagnostic assessment, and/or the effectiveness and responsiveness of reporting, may be an appropriate method by which to identify clinically relevant improvement needs for physicians in these specialties.

Focusing on quality of care and health outcomes is important in assuring the public that physicians are maintaining and improving their care. There are currently limitations in the breadth and depth of available performance measures to inform ongoing quality improvement, however—particularly for physicians who provide primarily episodic or procedure-related care. Furthermore, traditional quality improvement methods may not thoroughly assess other aspects of professional performance that are related to patient and physician outcomes, such as interpersonal and communication skills, professionalism, and diagnostic acumen. These latter attributes will therefore have to be addressed via other methods. (Diagnostic acumen, for example, may be assessed, at least in part, through the MOC examinations referenced in this article.)

Interpersonal and communication skills are fundamentally related to the quality

of health care services provided by physicians. The definition of a profession includes service to the community as one of its tenets. Indeed, the *value* of health care is increasingly being defined as a function of its quality, efficiency, safety, and service components. It follows, then, that patient experiences of health care can provide an important means by which to assess and provide feedback to physicians on the quality of health care services provided. Inclusion of such assessments of practicing physicians within the ABMS MOC programs is further supported by research on the patient-physician interaction that suggests a relationship between communication skills and patient outcomes and documents underperformance by physicians in the context of patient care.<sup>5</sup>

Lapses in professional behavior are one of the most important and frequent causes of state medical board disciplinary actions toward physicians.<sup>6</sup> A recent study reports that responding physicians deviated in their daily practices from accepted standards of professional behavior; almost half with personal knowledge of a physician who was impaired or incompetent responded that they may not have reported that physician.<sup>7</sup> Although it is not conclusively demonstrated that observational ratings of physicians by patients, peers, and other professional colleagues will encourage higher levels of professional behavior or prevent subsequent disciplinary actions, the ABMS MOC program is now defining standards by which peer and patient surveys are being assessed for inclusion as part of MOC program activities.

The MOC programs offered by the 24 ABMS member boards are designed to provide a comprehensive approach to the assessment of practicing physicians and to go beyond the necessary assessment of knowledge. External, objective assessments are necessary to guide physician learning and improvement needs, as it has become clear that uninformed self-assessment by physicians is inaccurate in identifying deficiencies in clinical competence and performance. As described above, the methods that are

being used by the member boards of ABMS address multiple competencies that are relevant to patient care and therefore serve to appropriately focus learning and improvement activities. Although research such as that reported by Lipner and colleagues provides objective support for the current ABMS MOC framework, it is incumbent on the ABMS and its member boards to continue to build the necessary body of evidence to demonstrate the ongoing value of their MOC programs. The ultimate value of these programs—to the physicians who participate, and to the public who hold our profession accountable for the care delivered—will need to be assessed through research demonstrating the link between participation in MOC programs and high-quality care and good clinical outcomes.

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