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January 14, 2019

ABIM Comments in Response to the Vision Commission Report

The American Board of Internal Medicine (ABIM) would like to thank the Continuing Board Certification: Vision for the Future Commission ("Commission") for the opportunity to provide feedback on the draft report.

The report touches upon a wide range of issues in continuing certification. Our feedback will focus on key principles and recommendations. We agree with many of the Commission perspectives, which will be outlined below, however, there are some aspects of the report for which we will offer specific suggestions which we hope might clarify some issues and increase the overall impact and utility of the report.

**Affirmation of Commission Recommendations**

Before providing more specific suggestions for potential changes, ABIM would like to congratulate the Commission for its thoughtful recommendations in many areas, including:

- Acknowledgement that initial certification and continuing certification have different purposes
- Recognition that consequential decisions should remain a feature of continuing certification: board certification is not granted for a lifetime
- Recommendations regarding better integration of guided formative activities and development of programs that are more supportive of physicians closing gaps and meeting standards
- Movement away from sole reliance on infrequent assessments (e.g., 10-year MOC exam)
- Enhancement of the programmatic value and lessening of burden for physicians
- Expectations of appropriate stewardship and transparency
- Reiteration of the long-held ABMS policy that board certification status should not be the sole criterion in credentialing and privileging decisions
- The need for continued research, evaluation, and improvement of continuing certification
- Recommendations for more diversity of boards' governance bodies, including inclusion of public members
- Greater consistency of processes for many elements of continuing certification elements

- Support for engaging non-time limited certificate holders and/or better recognizing/differentiating diplomates that are actively demonstrating that they are staying current
- The call for collaboration, co-creation and regular communication with stakeholders, especially professional societies and state medical societies

### **Overview of Suggestions for Strengthening the Report**

The following points provide a brief overview of topics on which ABIM will focus its comments regarding potential enhancements to the report. We offer more detailed comments and suggestions later in this document.

- *Demonstration of staying current.* ABIM fully agrees that continuing certification programs should better integrate formative activities and provide support for physicians in staying current and closing knowledge gaps. At the same time, in order to meet patients' expectations that "someone" is making sure "that physicians are staying current and assessing the competence on a periodic basis" (Commission draft report, page 8), the specialty continuing certification standards need to go beyond participation in formative and other activities and expect that diplomates be asked to demonstrate that they are meeting appropriate, relevant performance standards, as well.
- *Highlight professional self-regulation responsibility and accountability to patients and other non-physician stakeholders.* ABIM is fully committed to lessening the burden and providing more value and relevance for diplomates in the certification process. If programs are not deemed relevant and physicians choose not to participate, no one benefits. While not proposing to diminish those observations or the focus on better meeting physician/diplomate needs, ABIM believes that the certification process should fully incorporate the social contract physicians and their associated certifying boards have to patients and other stakeholders that rely on the certification credential as a marker of special expertise and currency within a field. In our view, the report should more directly emphasize the social contract fulfilled by the certification process.
- *Full inclusion of all 6 ACGME Core Competencies should more explicitly be deemed aspirational.* As the Commission draft report appropriately describes, competencies beyond medical knowledge and application of that knowledge are critically important but have been difficult for certifying boards to assess. Many attempts have been seen as burdensome, redundant, and of little value. Until the time when boards can appropriately and reliably assess additional competencies, boards should be cautious about creating requirements or creating checklist exercises.

### **Detailed Comments and Suggestions for Strengthening the Report**

#### *Demonstration of staying current*

There are multiple references within the draft report regarding the need for diplomates to meet rigorous specialty continuing certification standards; there are few references, however, to meeting performance standards. Even the purpose statement on page 9 focuses on participation rather than a

combination of participation and performance. There are two references to performance standards – regarding Recommendation 3 (professionalism) and Recommendation 5 (regarding the responsibility and obligation to change a diplomate’s certification status when certification standards are not met). We believe there are multiple points within the report where highlighting the need for performance standards will emphasize to all stakeholders the fundamental need to demonstrate currency, not just participation in a lifelong learning program. Some examples are provided below, with suggested edits in bold font.

- Page 5. “The purpose of continuing certification is to serve ***the public, the profession, and diplomates*** by providing a system that supports the ongoing commitment of diplomates to provide safe, high-quality, patient-centered care. ***By meeting participation and performance standards***, diplomates ***demonstrate that they*** meet specialty continuing certification standards that reflect their commitment to professionalism, ***successful*** lifelong learning, and improved care.”
- Page 6. “Formative assessments (*e.g.*, assessments for learning) for continuing certification should be used primarily to support learning and improvement efforts. However, data from different assessment methods ***should*** be aggregated over time and/or combined with data from other assessment methods to inform ***credible*** summative decisions ***based on appropriate performance standards.***”
- Page 7. “The Commission encourages future programs to support diplomates while recognizing the ABMS Boards’ responsibility to create rigorous standards ***based on both participation and performance*** that diplomates need to meet.”
- Page 8. “Enable ***diplomates meeting the continuing certification standards*** to continue to identify themselves as a board certified physician in their chosen specialty.”
- Page 9. “Continuing certification conveys that a diplomate is committed to an ongoing program of learning and improvement and ***is demonstrating*** a high level of knowledge, judgement and skills throughout her or his career.”
- Page 12 – Recommendation 2. “Continuing certification should incorporate assessments that support diplomate learning and retention, identify knowledge and skill gaps, and help diplomates learn advances in the field, ***while also providing appropriate information to support credible summative judgements.***”
- Page 12. “Unlike initial certification, assessments for continuing certification should ***integrate formative approaches and activities*** to support learning and improvement efforts. However, data from different assessments ***should*** be aggregated over time and/or combined with other data to inform credible summative decisions.”
- Page 13. “Assessments should ***integrate formative approaches and activities to promote learning while also being designed to allow a judgement as to whether learning has occurred.***”

These suggestions should not imply support for infrequent, high stakes, point-in-time assessments or disagreement with better integrating formative components that support guided learning and closing of knowledge or other gaps over time. Rather, these suggestions are meant to recognize the expressed

expectations by patients and the public that board certification can be relied upon to assure them that physicians “are staying current” (page 8).

*Highlight professional self-regulation responsibility and accountability to patients and other non-physician stakeholders*

The draft report does reference the value patients and the public place in the credential of board certification. That said, there are opportunities to highlight further the accountability of physicians and the profession – and, by extension, the certifying boards – to patients and the public. Highlighting this accountability further should not diminish the report’s emphasis on enhancing program value for physicians, while also decreasing burden and redundancy for busy clinicians. Emphasis of the social contract provides an important reminder to all stakeholders as to why independent certifying boards first came into being – and the important role they should continue to play moving forward.

Specifically, we note that Section B regarding Stakeholders in Continuing Certification, a section that houses Recommendations 7 and 8, is devoid of specific recommendations about patients and the public as key stakeholders. It clearly will be important for ABMS Boards to collaborate in new and innovative ways with professional organizations and CME/CPD organizations, as well as better communicating the value, meaning, and purpose of the certificate to hospitals, health systems, and payers. However, we believe it is also important for the ABMS Boards to explicitly highlight patients and the public as key stakeholders to whom the Boards have an obligation to better listen and communicate as continuing certification evolves and the value, meaning, and purpose are more consistently understood by diplomates and the Boards.

Our initial comments on *demonstration of staying current* are also focused on more explicitly bringing the voice of patients forward by addressing their expectations of what continuing certification should signal to them as they select a physician for their care.

*Full inclusion of all 6 ACGME Core Competencies should more explicitly be deemed aspirational*

Aspiring to inclusion of all 6 ACGME Core Competencies in continuing certification programs is laudable, but should be done with caution and caveats. When speaking to many of these areas, the draft report does mention “the need for and the challenge of assessing other competencies” beyond medical knowledge (page 13). In other areas of the report, there are references to developing “new and reliable approaches to assessing professionalism and professional standing” (page 16) and that ABMS Boards “should have an aspirational goal to pilot programs and activities to evaluate...” how effective standards could be designed to help diplomates engage in meaningful practice improvement (page 17). Similarly, when looking at competencies like communication, systems-based practice, etc. – an aspirational perspective should be acknowledged explicitly.

Keeping in mind recommendations that continuing certification programs need to focus on reducing burden and “provide value to diplomates to ensure that the efforts and costs needed to maintain certification are commensurate with benefits” (page 6), adding requirements and standards regarding additional competencies should be approached with caution. Additionally, they should not be not added (as requirements) until processes and assessment methods are mutually understood by key stakeholders as value-added, reliable, and valid. Approaches to encouraging, incentivizing, recognizing and rewarding those competencies can and should be encouraged, but the risk of diplomate backlash of going too far too soon (given ability or inability to consistently and feasibly assess these competencies

with added value across all boards) is significant. This has been seen in the Internal Medicine community regarding practice improvement/quality improvement. While all agree about the importance of practice improvement as a responsibility of physicians, the outcry regarding burden, redundancy, cost, intrusiveness, and lack of value of previous attempts is notable. Lessons from the Internal Medicine community should not be lost. Given the “state of the art,” certifying boards are currently not well positioned to assess many of these competencies. Many of these competency assessments are best left to local systems rather than national certifying boards.

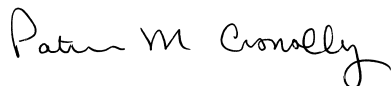
We believe the report will provide better guidance to ABMS Boards, professional societies, diplomates, and patients if there is more specific guidance regarding “aspirational competency assessments” and the role these aspirational items should play in the short term regarding standards, requirements and summative judgements.

### Concluding Remarks

ABIM would again like to thank Commission members and staff for producing a thoughtful, impactful draft report. We are highly supportive of many of the recommendations. At the same time, ABIM encourages the Commission to consider suggestions we have made to strengthen the report and recommendations by highlighting the needs for *demonstration of staying current, accountability to patients and other non-physician stakeholders, and more specific guidance regarding the aspirational nature of goals in assessing competencies beyond medical knowledge.*

Thank you for the opportunity to provide input into the report. We look forward to the final report and subsequent discussions within the ABMS Boards community and with key stakeholders.

ABIM Board of Directors



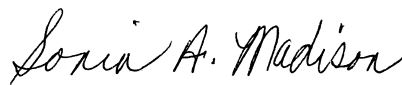
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