Board Certification: Important and Changing

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Over the past 5 years, a lot has changed about Board certification, and if we value our position as a profession, continued adaptation is essential to us now. What has not changed is that the public continues to view Board certification as one of the most important measures of quality for practitioners. The public will likely continue to rely on Board certification as a useful litmus test because the Board has responded to public concerns and addressed them in a high-quality way. In the 1986, the Board began issuing “time-limited” certificates to ensure that physicians maintained their knowledge base during their practice lifetimes. As new subspecialties developed, the Boards recognized these advanced accomplishments by establishing certificates of added qualifications for individuals who met the test. Now the public asks for confirmation that we are more rigorously evaluating our practices. They want us to show effort toward a more continuous improvement model. To keep the public trust and maintain our standing as a profession, the Boards are developing Maintenance of Certification (MOC) programs that have 4 essential components that need be completed in a 10-year cycle and satisfy this public concern.

PART I: PROFESSIONAL STANDING

Evidence of professional standing is an unrestricted medical license in the state or states in which the physician provides care. To further ensure appropriate professional standing, the Board queries your local colleagues for important peer review. This standard peer review tool, developed by the American Board of Orthopaedic Surgery (ABOS), includes questions that address all of the core competencies. Because the form is filled out by colleagues, local surgeons, administrators, nonsurgical colleagues, and nursing staff, it represents a near 360° degree review by your peers.

PART II: LIFELONG LEARNING AND SELF ASSESSMENT

For Part II, participants complete at least 120 credits of CME, of which 20 credits are from approved self-assessment examinations every 3 years, or twice during the 10-year cycle. You can obtain approximately 30 hours of ACCME 1 credit each year by attending the annual meeting of the American Society for Surgery of the Hand. Currently, the ASSH is developing a number of online CME opportunities that will be useful in fulfilling the CME requirements of MOC. To qualify, self-assessment examination credits must be approved by the ABOS (for orthopedic surgeons) and must be “scored and recorded” examinations that give feedback to the practitioner. The American Society for Surgery of the Hand offers an excellent self-assessment examination that is currently approved by the American Board of Orthopaedic Surgery. After testing, you can evaluate your performance for areas of weakness and consider educational offers to improve your skills. If you have any question about whether an examination is approved by the ABOS, call the Board office for more information. In addition, applicants for MOC must submit a case list of 3 months or maximum of 75 cases with performance measures.

PART III: COGNITIVE SECURE EXAMINATION

Once during the 10-year cycle, success on a cognitive secure examination is necessary to demonstrate that you meet the standard of the profession. Currently, most orthopedic hand surgeons use the combined hand recertification examination for that purpose. In addition to the 160 hand questions, there are 80 core orthopedic knowledge questions on the examination that serve to allow simultaneous recertification with the parent Board of Orthopaedic Surgery. If physicians do not want to take examination with the general orthopedic questions because they have a specialized practice, they may take both the certificate of subspecialty qualification without the general orthopedic questions and an oral examination on their cases (6 months) to satisfy

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 components of the hand subspecialty certification and recertification in orthopedic surgery.

PART IV: PERFORMANCE IN PRACTICE

Performance in practice is the key element for our day-to-day lives. Each parent Board (ABOS, American Board of Plastic Surgery, and American Board of Surgery) will develop Part IV elements that must be approved by the American Board of Medical Specialties (ABMS) to satisfy this component of MOC. Because these 3 Boards participate in the certification of hand surgeons, it makes good sense that there will be collaboration on approved Part IV elements. Once during the 10-year cycle, you will review an element of your practice performance and develop a plan to improve on it. This includes review of a general case list mentioned in Part II (above) and completion of the peer review (Part I) evaluation to satisfy Part IV. A patient survey giving feedback on communication skills is being developed to complement the peer-review evaluation process. Currently, the ABOS is developing practice improvement modules for commonly performed hand procedures (eg, carpal tunnel release) that will allow you to evaluate your performance for best practices and collect some outcome information on your patient care. You will submit data on your patients (for example, 10 consecutive patients who underwent carpal tunnel release) to a secure database using standard fields. By comparing your outcomes with those of your colleagues (who have also completed this module), you will be able to determine areas for improvement. The process is intended to be nonpunitive and is reflective, offering you the data to improve your skills. On a larger scale, the case submissions offer a great research opportunity for our specialty. From time to time, the ABOS reports on the aggregate data it accumulates from case lists. It is hoped that these data will stimulate discussion and necessary research for future practice improvement.

Maintenance of Certification is just now being rolled out for participants in the full 10-year cycle. There is still discussion among the member Boards of the ABMS about changes that may be required during this first full cycle. For that reason, it is important to stay abreast of any new information that comes from the Board (http://www.abos.org).

What is unique about Board certification is that it is designed and administered by volunteers, and participation in the certification process is voluntary. The fact that we volunteer to participate in a certification process designed and implemented by our colleagues (also volunteers) to help us maintain and improve our skills as physicians is crucial to us as a profession.

I encourage you to call the American Board of Orthopaedic Surgery office or visit the Web site (http://www.abos.org) to learn more. Please take the time to update your address and contact information with the Board. The ABOS publishes the Diplomate annually, which reviews the year’s activities and reports on changes that are forthcoming.

If you value your certification, consider volunteering to serve the Board. There are a lot of ways to help, and volunteerism is the backbone of our certification process. By volunteering your time, you make our profession stronger. By participating in the process of Board certification, we are sending the right message to the public.
JOURNAL CME QUESTIONS

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What are the 4 essential components of the Maintenance of Certification?

a. Professional standing, lifelong learning and self-assessment, cognitive secure examination, performance in practice
b. Professional standing, citizenship, number of CME credits, performance in practice
c. Lifelong learning and self-assessment, baseline number of patients evaluated, quality of documentation, acceptable complication rate
d. Professional standing, citizenship, lifelong learning and self-assessment, cognitive secure examination

How can one satisfy the lifelong learning and self-assessment part of the Maintenance of Certification?

a. Read orthopaedic or hand surgery knowledge updates each time one is published
b. Attend the American Society for Surgery of the Hand annual meeting and complete CME forms
c. Complete The Journal of Hand Surgery online CME examination each month
d. Complete self-assessment examinations every 3 years
e. Complete at least 120 credits of CME, of which 20 credits are from approved self-assessment examinations every 3 years

To take the online test and receive CME credit, go to http://www.assh.org/professionals/jhs.