Executive Summary

In March 2018, the American Medical Association’s (AMA) Council on Medical Education co-convened a conference with the American Board of Medical Specialties (ABMS) with the purpose of discussing how continuing board certification can meet the needs of diverse stakeholders, including physicians, hospitals, patients, and the public, and developing recommendations for the Vision for the Future Commission that has been established to develop a meaningful and relevant system for the future of continuing board certification. This 2018 conference followed a similar co-hosted meeting in 2014, which focused on the Assessment of Knowledge, Judgement and Skills component of continuing certification/Maintenance of Certification (MOC) programs and the alternative methods of assessment that a number of boards were developing at that time. That meeting, which brought together representatives from ABMS Member Boards with other key stakeholders, highlighted the importance of addressing physicians’ needs and expectations while at the same time recognizing the value to be found in the continuous maintenance and improvement of competence.

A broad list of stakeholders attended the conference in March, including representatives from ABMS Member Boards, medical specialty societies, state medical societies, and the AMA’s Council on Medical Education. Presentations in the morning framed the issue and focused on the following content:

- Data from several Boards related to recent innovations and enhancements
- International certification/revalidation models from Australia, Canada, and the United Kingdom
- A review of the origination of the Vision for the Future Commission, its charge, and timeline

Conference participants then broke into workgroups to address the following themes and questions:

- **Partners in the Process**
  What kind of data might be available from relevant partners (i.e., hospitals/health systems/specialty societies), and how might it be incorporated into the continuing certification process? How should this data be used? How should specific roles be defined?

- **Learning and Improvement: Roles of the Boards and Specialty and Medical Societies**
  How can we develop a more practice-based system of assessment, learning, and improvement that is integrated with the way physicians practice? What are the respective roles of the Boards and societies and how can they work better together to produce a more coherent system from the perspective of the participating physician?

- **Formative and Summative Assessment**
  Is the role of the Boards to provide formative or summative evaluations to diplomates, or both? What is the proper balance? Should the balance of formative and summative assessment be understood/implemented differently for continuing certification than for initial certification?
• **Relevance of Continuing Certification**
  Continuing certification must be relevant to physician practice in order to achieve meaningful engagement. How can continuing certification meaningfully address the diversity and evolution of clinical practices over time? How should the Boards understand the call for more relevance to the certification process? Does the certificate need to reflect the participating physician’s practice focus?

• **Assessment of Procedural and Technical Skills**
  How can continuing certification address technical and procedural skills? How should new procedural skills be addressed through continuing certification?

Content generated from these workgroups was presented back to the larger audience during a facilitated session.

In the afternoon, participants again broke into smaller groups with specific instructions to begin drafting recommendations to the Vision for the Future Commission. Contributors were asked to consider the following questions:

• What should continuing certification achieve?
• What does certification say about a physician?

The conference concluded with presentations of each group’s discussion, which reflected the broad range of attitudes and opinions about continuing certification. While no effort has been made to develop consensus on any specific issue, these discussions clustered around the following nine emergent themes.
AFFIRMATIVE

- Supportive pathways should be established for physicians with lapsed certification to regain certification.
- Data from objective, third-party sources (i.e., big data from payers, practices, state licensing boards)—while potentially appropriate—should be judiciously selected and interpreted to ensure meaningful conclusions are drawn. Registries may help.
- All boards’ narratives should be reframed to a positive “what can we do to help you stay certified”, as opposed to “you did not pass the test so we are going to take away your certificate”.
- Physicians should not be disparaged for choosing not to be certified.

AFFORDABLE

- Cost should not vary widely across Boards.
- Cost should not be a barrier to participation.
- Initial cost should not be prohibitive for early career physicians and re-certification costs should take into consideration the needs of part time and late career physicians.
- Cost to physicians should appropriately reflect the cost of test administration.

ALIGNED

- Continuing certification should complement other requirements (such as licensure, ongoing professional practice evaluation, federal quality reporting, etc.)
- Continuing certification should address all of the ACGME core competences developed through training that physicians should work to master throughout their careers.
- Continuing certification should be relevant to and integrated with other professional assessment and improvement expectations inside the practice environment.

APPROPRIATELY MANAGED

- Practicing physicians should be adequately represented in ABMS member Board governance and decision making.
- Communication between Boards and diplomates should be mutually respectful.
- Resources should be dedicated to support appropriate levels of communication with diplomates.
- Communication regarding diplomates’ status and progress through the continuing certification process should be easily accessible and understandable.
- Diplomates’ rights and responsibilities (e.g., appeal rights) should be clearly articulated and available.
• Boards need greater clarity of purpose for continuing certification programs and should consider working together towards greater consistency in policies and procedures that are not related to the practice of the specialty.
• Efforts from the Board community to move toward shared accountability should be publicized.
• The physician community should consider existing guidelines developed by medical societies, NAMSS, and others responsible for credentialing (to address wide variability in how credentialing is applied at the local level).
• Assessment must be scientifically rigorous, psychometrically valid, and relevant to practice.

COLLABORATIVE
• Strong relationships between Boards and their specialty societies are important. Boards should strengthen partnerships with specialty societies, state medical societies, accreditors, and health systems (to account for systems-based procedures). These collaborations can lead to education and improvement associated with formative assessments and workplace assessments.
• Interprofessional partnerships should be considered to strengthen clinician teamwork for the benefit of patients.
• Boards should explore ways to coordinate board certification requirements for physicians who maintain multiple certifications.
• Information should be shared between boards to create best practices for ongoing certification.
• Mechanisms that allow for member feedback on successful processes should be shared with other boards.

INNOVATIVE
• Diplomates should be acknowledged for innovation in CQI/PI as they work to become more clinically effective.
• Community physicians should be engaged in the generation of board material (e.g., the submission of cases to be included in formative/summative examinations).
• International certification models should be reviewed and desirable features adopted.
• Continuing certification should be flexible and dynamic, recognizing different practice types and that physician practice evolves over time.
• Boards should credit local, practice-based small-scale clinical practice improvement activities to satisfy improvement in practice requirements.

MEANINGFUL
• Continuing certification should show that a physician is making an ongoing commitment to demonstrate proficiency within a chosen discipline.
• Continuing certification should lead to better patient care and outcomes.
• Participation in continuing certification should convey prestige.
• The Boards community should achieve buy-in from others who benefit from certification: credentiallers, insurers, military, the judicial system, licensing boards, etc. These parties should be transformed into advocates.
• Continuing certification should be a vehicle for the dissemination of new knowledge, research, and guidelines; it should be a valuable tool for learning and staying current.
• Continuing certification should deliver value to participating physicians for the time spent.
• Continuing certification should help secure physician self-regulation.
• The value of participating in continuing certification should be demonstrated to lifetime certificate holders.

PATIENT-FOCUSED
• Certification should be understood by patients and the public.
• Continuing certification should be adaptable and responsive to societal needs.
• Continuing certification should be protective of and trusted by the public.
• Continuing certification should be done to improve patient care, not just to verify that a physician has participated in a recertification process.

SUPPORTIVE
• Boards should help physicians achieve maximum potential.
• Post-assessment feedback should be rapid to best support learning and growth.
• Assessment should help identify key gaps and target areas for improvement (which, to the extent possible, should be achievable through a physician’s everyday work).
• Certification should aim to capture, credit, and reward physician learning in everyday practice.
• Active worksite learning should be meaningful.
• Existing processes (what happens in the average daily life of a diplomate) should be reviewed and boards should provide credit for what already works to improve patient care in practice (data that will be evaluated).
• Continuing certification should support the joy of learning.
• Boards should help diplomates make the connection between being a better doctor and delivering better patient care.
• Continuing certification should be responsive and should roll out critical new knowledge in real time (i.e., Zika).