



2019 NCSBN APRN Roundtable Review of Proposed Changes to Maintenance of Certification (MOC) by the American Boards of Medical Specialties Video Transcript

©2019 National Council of State Boards of Nursing, Inc.

Event

2019 NCSBN APRN Roundtable

More info: <https://www.ncsbn.org/13301.htm>

Presenter

Maureen Cahill, MSN, RN, APN-CNS, Associate Director, Nursing Regulation, NCSBN

And for the next half hour maybe, maybe not even that long, my purpose here is really to introduce the session this afternoon with the certifiers, but I thought, every so often, there's the ability to learn a lesson without having to live the lesson.

And so, this afternoon, what I wanted to do was use the example of the American Board of Medical Specialties' lessons in the last several years in terms of trying to move the bar for maintenance of certification for the medical specialty boards. And they had a difficult lesson and I think it's helpful for us to take what we can to learn from that lesson.

So ABMS, as you probably already know, have 24 medical specialty boards. They function as establishing standards that set a high bar for the profession, that show that someone who holds medical boards has completed training in their medical or their clinical specialty, that they've completed a high-stakes assessment of knowledge and clinical skills, and they meet the standards of that specialty, and then on passing that board they become a diplomat of the board.

Bob Wachter, who is from the American Board of Internal Medicine, called this experience that we're going to review here an organizational fight for life. So the boards, the medical boards actually evolved over a long period of time and, in fact, came into being, most of them, around the 1920s or 30s.

ABMS is this umbrella organization that oversees the other specialty boards, such, family, medicine, pediatrics, internal medicine, and on. A certificate was conferred once the examinee passes the exams. And then from the 1960s up to 2005, when you held that credential, you held it for life.

So then things began to change. Now, really, if you go back in time, things were changing over probably a fairly long period of time. There were questions, there were some studies that had been done that

say that, over the years, having the boards maintaining your board certification was discriminating. It's just a matter of, what did that mean if there were no further evaluation along that pathway?

And it is very important to note that specialty boards in medicine are voluntary. So they can do it or they cannot do it. But again, it was discriminating and probably very important for business reasons as well. So the goals of maintenance of certification are that they would articulate the purpose of the continuing certification.

Why is it important? What would make it important? That, in medicine, the certification standard is higher than licensure. We might say that in the APR and consensus model that specialty certification might be thought of as higher in addition to licensure. So maintenance of certification demonstrates ongoing professionalism as well as advancing clinical practice and learning, etc., etc.

So, basically, the goals were to benefit the certificate holder and the public, and holding a specialty board then needed to not only be discriminating at the time that individual became boarded, but the maintenance of certification should indicate some discriminating function. So let's see if I'm on my...

So again, I mentioned things were changing along the way, but concerns remain that if testing were repeated more frequently, would that be a discriminating factor? Or if you are testing more frequently, does that really relate to day-to-day practice?

So things came to a head in about 2014, 2015 when a whole series of articles came out. Letters to the editor, exposés, media coverage, suggesting that the ABMS as an organization, ABIM in particular, we're sitting on a very large pot of money and the physicians claim that this was a strategy, frankly, to make money and not for the purposes of evaluating continued competency.

So, clearly, there was a feeling that they needed to regroup, and ABIM, the ABIM board issued an apology to their certificate holders for missteps. They suspended some of the requirements for the maintenance of certification, and they had done this retesting and practice eval, and it was the practice eval portion that a lot of physicians complained was laborious, they didn't see the point of it, it was just an exercise they thought in filling out forms.

And so, at that time, when ABIM issued their apology, they also suspended the practice evaluation. But then the question is, what do you do next? Where do you go forward with? So here was an example, and I want you to think about this one. The American Society of Anesthesiologist came up with a strategy, a new strategy.

So everybody was kind of trying out some new...what else can we do in maintenance of certification that is meaningful? But that answers some of the angst that the certificate holders had. And so they came up with what was called the MOCA Minute. I thought it was kind of fascinating.

So this was online. They piloted in 2014. It was computer-based or phone-based. You would get these 120 questions per year divided into 4 quarters. So you had a specific time period in which you would have to accomplish this maintenance. You had 60 seconds to answer. I thought the timing was interesting.

There's your minute. If it's incorrect, then some variation of that question is going to come back to you to be answered again. And if it times out, then you're considered incorrect. So if you're slow to answer, then they thought that, "Okay, that hesitancy was an indication of not being confident with the material." And then you also got a chance to respond to each question in how confident you were about your answer, and how relevant you saw it to your practice.

And then that was kind of a feedback loop to additional questions and additional development of the