

AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

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To Whom It May Concern:

On behalf of the American Academy of Child and Adolescent Psychiatry (AACAP) and our 9,400 members, we are writing to provide feedback on the draft report on Continuing Board Certification. Our members have been active in providing feedback to the American Board of Psychiatry and Neurology as it relates to its maintenance of certification program and reviewed your report with great interest.

AACAP supports the fundamental tenants of lifelong learning and agrees that a system should be in place to measure ongoing physician competency. However, the current system lacks sufficient evidence to garner support among child and adolescent psychiatrists for continuing board certification.

We have serious concerns about the American Board of Medical Specialty's (ABMS) appreciation of the role of specialty societies in the continuing board certification process. While this report makes some valuable recommendations, there are opportunities for greater clarification of its impact on physicians and patient care, as well as the methods that would be employed to create an effective and meaningful certification process.

Our membership strongly supports the phasing out of high-stakes exams, which cause significant undue burden to physicians. In addition, we agree with the recommendations regarding: collaborating with professional organizations (Recommendation 7); certification status not being a barrier to renewal of licenses, obtaining hospital privileges, and enrollment in insurance panels (Recommendation 8); encouraging additional research about the value and impact of continuing board certification (Recommendation 9); requiring the ABMS Boards to engage in continuous quality improvement and increase transparency about operations (Recommendation 10); and facilitating ABMS Boards to allow for reciprocal longitudinal pathways (Recommendation 15).

While the above recommendations would helpfully refine continuing board certification, AACAP believes that more reform is needed. We propose the following recommendations:

End Use of the Secure Examination for Continuing Certification

AACAP proposes an immediate end to the use of the secure examination for continuing certification until ABMS and its Member Boards can implement the recommended changes to continuing certification. AACAP does not want to discourage innovative boards that have moved to alternatives to the secure examination, including formative approaches that have increased learning and satisfaction among their diplomates. However, AACAP asserts that the secure examination should not be used while physicians nationwide await implementation of a more formative model for continuing certification. In addition, ABMS and its Member Boards should demonstrate the validity of new models of continuing certification prior to implementation.

The Vision Commission clearly identified the use of the secure examination as a practice that should be discontinued. AACAP does not believe it is reasonable to force diplomates to take the secure examination or other summative knowledge assessments while the boards move to implement more formative assessments at varying speeds. *AACAP asserts that there should be an immediate end to the secure examination in order to build good will, prevent further state legislative activity, and provide the ABMS and its Member Boards time to create strong continuing certification processes.*

Expand Research to Guide Decision-Making

Regarding Recommendation 9, related to expanding research about the effectiveness of continuing board certification programs, many of our members state that the body of research regarding this topic is insufficient to justify the need for continuing certification, so expansion of research efforts is critical. *We purport that more research needs to be conducted for all four components of the continuing certification process, especially during the process of piloting new projects, but want also to ensure that the funding for that research is both unbiased and readily available.* Clarification in the report about which organizations could and would readily fund this research would be helpful to advance these efforts expeditiously.

Enhance Clarity

There is a lack of clarity regarding the underlying implications that these recommendations would have on the individual boards. Ambiguous recommendations could lead to additional inconsistencies across the ABMS Boards, increasing confusion and burden for diplomates.

For example, in Recommendation 1, the report advocates for continuing certification elements to be integrated and not siloed in a four-part framework. While this sounds appealing, the reality of creating a consistent structure that is understandable to diplomates may lead to even more complexities and confusion in terms of the requirements. In addition, in Recommendation 12, the report advocates for diplomate participation on an annual basis. “Participation” could be defined in many ways, and depending on each Board’s interpretation, this too may become additionally burdensome.

Although not a formal recommendation, the draft report states that “*the Commission believes that all diplomates should be expected to participate in their respective ABMS Boards’ continuing certification program...*” This statement implies that physicians who have been “grandfathered” by their respective boards will be required to participate in continuing certification. If the statement is intended only as an aspirational comment, it should be clarified in the Vision Commission’s final report.

While the idea of integrating readily available information from a diplomate’s actual clinical practice into assessments (Recommendation 4) sounds appealing, the reality is that the ABMS Boards and specialty societies would be asked to do this without standards and without assessment strategies with proven

validity. *We are concerned that the implementation of these recommendations, as written, will be intrusive to physician practices and increase the perception that the ABMS Boards are collecting patient data.*

Before finalizing the report, we recommend that the Vision Commission clarify these points and add additional information about how the ABMS Member Boards might implement these recommendations in practice. *We also suggest that Recommendation 14 be expanded to promote consistent and transparent operations for continuing board certification programs across all ABMS Member Boards.*

Importance of Transparency

There are concerns about the impartiality of the Vision Commission, because the initiative is funded by the ABMS without any other outside sources and disclosures for the members of the Commission are not included in the report. The report states about the ABMS Boards, and AACAP agrees that: *transparency about the efficiency of operations, the appropriateness of fees, and the stewardship of funds was essential to increasing diplomates' trust. The recommendations would have been received with more acceptance and support had they been concluded by a truly independent source.*

Improve Communications and Collaboration with Specialty Societies

Regarding Recommendation 7, while we applaud better collaboration between specialty societies and the ABMS Boards, there needs to be more specificity and clarity about their roles in the continuing board certification process so that each can be focused on providing meaningful activities for diplomates in addition to effectively managing resources. We specifically support the ABMS Boards providing assessments, making certification decisions, and setting the standards for certification. Specialty societies, CME/CPD providers, and other specialty organizations provide educational and learning activities to support physicians in achieving the standards. These two distinct roles must go hand in hand. *As a specialty society, AACAP plays an integral role in the continuing certification process and wishes to be included in major board decisions that may affect our operations.* For example, we agree with the recommendation that ABMS Boards should work with specialty societies in the selection of content for article-based assessment programs, but if the ABMS Boards develop activities that have traditionally been left to the societies and begin to compete with existing society activities, the societies may face significant financial burdens. AACAP urges the Vision Commission to encourage boards to utilize existing specialty society educational resources and platforms whenever possible, rather than developing new resources on their own.

AACAP is actively engaged in efforts to lessen the burden of continuing certification on our members and reduce burnout for the profession. AACAP asks the ABMS to end the use of secure examination for continuing certification, expand research to guide decision-making, refine its recommendations to provide greater clarity and transparency, collaborate with specialty societies, and ensure that the recommendations, if accepted, are implemented consistently across the ABMS Boards.

Sincerely,



Karen Dineen Wagner, MD, PhD
President



Heidi B. Ford, CAE
Executive Director