What Should MOC Ideally Look Like?

Clinical Pediatrics
2015, Vol. 54(9) 831–832

DOI: 10.1177/0009922815583442
cpj.sagepub.com
SAGE

Victor C. Strasburger, MD[1], Donald E. Greydanus, MD[2], and Garry S. Sigman, MD[3]

In February 2014, the American Board of Medical Specialties announced new standards for its 24 member boards' maintenance of certification (MOC) programs, including new pathways to satisfy program requirements and perhaps even allowing for an open book exam.[1] A year later, the American Board of Internal Medicine apologized for its MOC program: "ABIM clearly got it wrong. We launched programs that weren't ready and we didn't deliver an MOC program that physicians found meaningful."2 The American Board of Pediatrics (ABP) says that it is considering changes as well, but it is unclear what they might be. So let us talk about what MOC could and should look like in the future.

In our "ideal" system of MOC, the pediatrician would be issued a unique number and password by the American Board of Pediatrics (ABP) and would sign into a secure online system. He or she would answer a few security questions to assure the ABP of his or her identity. A panel of experts in each subspecialty field (presumably, the sub-Boards) would have already chosen the "news" of the year that practitioners need to know about plus several important clinical review topics. For general pediatricians, this would be condensed into a 2- to 3-hour online curriculum that can be accessed anytime online during the calendar year. For subspecialists, the 2- to 3-hour online curriculum would consist of 30 to 45 minutes of updates plus a series of review topics that they can choose from. At the end of the curriculum would be a brief 15-question, multiple-choice quiz to document that the person accessing the material has actually read and digested it rather than simply fast-forwarding through content. The quiz would give immediate feedback if incorrect answers were selected and would analyze the quality of the various answers. In addition, each question would be linked to a further reading section that included not just the current material but other material available, either online, in journal articles, or in textbooks, should the pediatrician desire more information on the particular topic. With a secure, online quiz, there would no longer be a need for a recertification exam being given in a "sterile" testing center where one has to turn out one's pockets, ask to go to the bathroom, and be filmed on camera. In addition, the content presented and the quiz would be informational, not interrogational—more along the lines of continuing medical education. The quiz would be "open book," exactly the way current pediatricians practice. Furthermore, many pediatricians are engaged in public health activities, not clinical practice, and therefore do not need to be involved in the mandatory quality improvement projects or patient surveys currently required by MOC. Thus, MOC would help ensure that pediatricians are kept up-to-date and would also reassure the public that their doctors are continuing to learn. The process would be streamlined from the current system and therefore much easier and inexpensive.

Does this sort of MOC scheme make sense?[3-8] From an adult learning theory point-of-view, the answer is yes. It would provide *new* and *review* information to pediatricians. While the public seems relatively confused about what, exactly, Board certification means,[3,4] it clearly wants its physicians to be up-to-date. The test would give immediate feedback about right and wrong answers. And further links would be provided. In addition, this is a system that can be done inexpensively, at home or in the office, annually, and painlessly. No more "sterile" testing centers. No 4-part sequence that might or might not apply to one's own practice or working environment.

Let us examine why this system is not put into place immediately:

1. The ABP thinks that pediatricians might cheat. We strongly disagree, as do others;[3-6] but with new security technology, this is now a moot

[1]University of New Mexico School of Medicine, Albuquerque, NM, USA
[2]Western Michigan University School of Medicine, Kalamazoo, MI, USA
[3]Loyola University School of Medicine, Maywood, IL, USA

Corresponding Author:
Victor C. Strasburger, University of New Mexico School of Medicine, MSC 10 5590, 1 University of New Mexico, Albuquerque, NM 87114, USA.
Email: vstrasburger@salud.unm.edu

point. Increasingly, new technology is being used for functions that were once thought of as untouchable. The American Academy of Pediatrics elects its President online. Online voter registration is currently available in 12 states: Arizona, California, Colorado, Indiana, Kansas, Louisiana, Maryland, Nevada, Oregon, South Carolina, Utah, and Washington, with a further 6 states (Connecticut, Georgia, Hawaii, New Mexico, Virginia, and West Virginia) in the process of implementing online voter registration. Eighty Canadian cities and towns have experimented with Internet voting in municipal elections. In July 2010, the Independent Party of Oregon conducted a statewide primary election using an uncontrolled Internet channel through which ballots could be cast online. The US Election Assistance Commission was unable to determine what sort of channel protection was provided, but Independent Party voters were assigned unique codes to log onto the system. An estimated 2500 voters participated. Perhaps it is only a matter of time before state and national elections are conducted online.

2. Would this put the ABP out of business? Most assuredly not. (See www.guidestar.org for the ABP's 2012 tax filing and financial details). The ABP was originally established as a not-for-profit organization. Yet it now makes handsome profits from certification and recertification. We acknowledge that a tremendous amount of work and thought goes into each—perhaps a little too much in the case of the psychometrics of exam questions—but we agree that each is vitally important. The ABP currently has $40 million in reserve profits, and the President of the ABP has made nearly $1 million a year in salary and other benefits. Not-for-profit organizations are entitled to make a profit to ensure their viability, but there should be reasonable limits on both profits and salaries.
3. It has always been done this way. But with new technology should come new and significant changes.

Recertification—done properly, with the goal of keeping physicians current—is a fine and necessary concept. But done wrong, it threatens to be counterproductive, expensive, time-consuming, frustrating, and nearly useless.

Author Contributions

VCS conceptualized the paper and wrote the manuscript. DEG conceptualized the paper and revised the manuscript. GSS conceptualized the paper and revised the manuscript.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

References

1. Hertz BT. MOC changes aim to lessen burden on physicians, but debate continues. Available at: http://medicaleconomics.modernmedicine.com/medical-economics/news/moc-changes-aim-lessen-burden-physicians-debate-continues. Published March 24, 2014. Accessed April 7, 2015.
2. American Board of Internal Medicine. ABIM announces immediate changes to MOC program, February 3, 2015. Available at: http://www.abim.org/news/abim-announces-immediate-changes-to-moc-program.aspx. Accessed April 7, 2015.
3. Strasburger VC, Greydanus DE. Maintenance of certification: the elephant in the room. *Clin Pediatr (Phila)*. 2010;49:307-309.
4. Strasburger VC. Ain't misbehavin': is it possible to criticize MOC? *Clin Pediatr (Phila)*. 2011;50:587-590.
5. Members of the Editorial Board. Maintenance of Certification: was it broken and did we fix it? *Clin Pediatr (Phila)*. 2011;50:584-585.
6. Members of the Editorial Board. Current Maintenance of Certification. *Clin Pediatr (Phila)*. 2011;50:585-586.
7. Iglehart JK, Baron RB. Ensuring physicians' competence—is Maintenance of Certification the answer? *New Engl J Med*. 2012;367:2543-2549.
8. Kempen PM. Maintenance of Certification—important and to whom? *J Community Hosp Intern Med Perspect*. 2013;3(1). doi:10.3402/jchimp.v3i1.20326