



Ana María López, MD, MPH, MACP
ACP President, 2018-2019
Vice Chair, Department of Medical Oncology and Sidney Kimmel Cancer Center
Division Director, Jefferson New Jersey
Thomas Jefferson University
Sidney Kimmel Cancer Center
1025 Walnut Street, Suite 700
Philadelphia, PA 19107

p: 215-503-6413 e: AnaMaria.Lopez@jefferson.edu

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Christopher Colenda, MD, MPH
William Scanlon, PhD
Co-Chairs, Vision Initiative Commission

Re: Continuing Board Certification: Vision for the Future Commission; Draft Report

Dear Drs. Colenda and Scanlon,

The American College of Physicians (ACP) appreciates the opportunity to provide comments on the Continuing Board Certification: Vision for the Future Commission (Commission) draft report. ACP is a diverse community of internal medicine specialists and subspecialists united by a commitment to excellence. With 154,000 members, ACP is the largest medical-specialty society in the world. ACP and its physician members lead the profession in education, standard-setting, and the sharing of knowledge to advance the science and practice of internal medicine.

ACP's Professional Accountability Principles (ACP Principles) guide our response to the Commission draft report. As stated in the ACP Principles, ACP facilitates professional accountability through developing and maintaining the domain of clinical and ethical standards and values, educating members about the standards and values, and providing a community that inspires and supports member efforts to abide by these standards and values. ACP appreciates the Commission's work to support physicians in their continual demonstration of commitment to the profession, and we respectfully submit the following comments.

Preamble: Purpose and Value of Continuing Certification

ACP strongly endorses a new model of continuing certification that is relevant, less burdensome, less costly, and consistent with principles of adult learning. ACP strongly endorses the value of continuing certification programs to diplomates and the public when designed to support lifelong learning as described by the Commission.

ACP strongly supports the Commission finding that a persistent emphasis on high-stakes, high security, summative examinations is counter-productive to the purpose of fostering high-quality lifelong learning. ACP endorses longitudinal, formative, learning-focused assessment models that are less burdensome than highly secure examinations, and that are supportive of lifelong learning.

However, ACP cannot yet support integration of physician practice data into assessment; practice data cannot be used to reliably assess individual physicians because of the variety of practices and quality improvement processes that are often team-based. Our reservations are further detailed below.

ACP Principles recognize that initial certification, as a single assessment in time, does not allow our members to demonstrate continual maintenance of clinical and ethical standards and values. ACP expects members to demonstrate continuing professional accountability through a valid process, such as assessment by an independent certification body that meets ACP's high standards for quality, non-profit structure, and transparency. ACP recognizes essential alignment between ACP Principles and the ABMS Commission's described Purpose and Value of Continuing Certification. ACP members are expected to engage in a continual process of self-scrutiny and self-regulation relative to expected professional standards and values, including integration of information from legitimate external sources that evaluate professional performance.

Expectations for Continuing Certification Programs

Recommendation 1: Continuing certification should constitute an integrated program with standards for professionalism, assessment, lifelong learning and practice improvement.

ACP agrees that a successful longitudinal, continuing certification process should integrate multiple components, and should be relevant to current practice. Further details on seamless integration are needed.

ACP urges reconsideration of inclusion of professionalism and practice improvement until valid and feasible pilots demonstrate benefit, as stated in our responses to recommendations 3 and 4.

Recommendation 2: Continuing certification should incorporate assessments that support diplomate learning and retention, identify knowledge and skill gaps, and help diplomates learn advances in the field.

2b. ACP urges thoughtful consideration of the ramifications of the proposal for the collection of multi-source data to assess knowledge, judgment, medical decision-making skills and other professional competencies. Physician burnout is an active epidemic, in part due to burdens of documentation. In addition, Boards should not hold diplomates to measurement with inaccurate and clinically irrelevant data sets. Data streams should have utility to each learner, and allow customization to reflect unique practice environments in order to support excellence in patient care.

2f. ACP strongly agrees that continuing certification status should not be withdrawn solely due to substandard performance on a single, infrequent point-in-time assessment. As stated in the ACP Principles, an appeals process must provide participating physicians with an opportunity to review their evaluations for accuracy and, at the physician's request, afford the opportunity for reconsideration.

ACP strongly endorses the Commission Finding that "assessments for continuing certification should be primarily formative to support learning and improvement efforts" and that aggregated longitudinal formative assessment can support a Board's decision as to whether a diplomate is successfully participating in a process of continuing certification (a "summative decision").

ACP strongly agrees with the Commission Finding that shortened, more frequent, highly-secured assessments, such as the ABIM's Knowledge Check-In (KCI), do not constitute a formative learning model. The ABIM KCI is a secure examination system, not a longitudinal learning system. The KCI remote proctoring environment perpetuates the stress of a high security assessment, and has been proven fallible from a technology standpoint.

Recommendation 3:

3a. ABMS Boards should develop new and reliable approaches to assessing professionalism and professional standing.

3b. ABMS Boards should have common standards for how licensure actions for professionalism impact continuing certification.

ACP is concerned by the vagueness around the proposed new and reliable approaches to assessing professional standing. In particular, interpretations of professionalism vary across cultures, requiring cultural competency to be incorporated into professionalism assessment standards. Pilot programs are needed to assess feasibility and validity of professionalism metrics and to watch for unintended consequences in diverse practice environments.

ACP strongly urges ABMS to maintain communication with specialty societies during consideration of piloting of professionalism standards. Specialty societies are fundamentally committed to upholding professional accountability, and can guide the ABMS in avoiding unintended negative consequences of new standards. For example, standards must not adversely impact physicians with career interruptions or lapses in professionalism who have undergone remediation and have proven themselves to be ready to re-integrate into professional practice.

Recommendation 4: Standards for learning and practice improvement must expect diplomate participation and meaningful engagement in both lifelong learning and practice improvement. ABMS Boards should seek to integrate readily available information from a diplomate's actual clinical practice into any assessment of practice improvement.

ACP objects to use of data regarding quality measures for individual diplomate certification status, because physician-level measures of quality are flawed, and because physician-level data inevitably leads to physician-level documentation burden. Flawed performance measures also often inadequately adjust for patient comorbidities and socioeconomic status, which leads to assessments that do not reflect actual quality of care. Unintended negative consequences could include physician avoidance of high risk populations, which would decrease access to care for the most vulnerable members of society.

We appreciate the Commission's eye towards continual practice improvement rather than a static focus on assessment of quality, but ACP disagrees with incorporation of practice assessment into current certification models. Instead, ACP urges the ABMS and its member boards to collaborate closely with specialty medical societies to engage diplomates in lifelong, team-based practice improvement.

Pilot programs and activities should be trialed and reviewed carefully, and factors such as cost, time required and redundancy to other professional requirements need to be assessed. Evidence of benefit not only for patients, but also for professional satisfaction of physicians and clinical teams should be confirmed before wide-scale inclusion of practice improvement programs in continuing certification systems. Practice improvement demonstration options need to be feasible and attainable for practices of all sizes, even for part-time clinicians and solo practitioners.

Recommendation 5: ABMS Boards have the responsibility and obligation to change a diplomate’s certification status when certification standards are not met.

Consistent with ACP Principles, ACP acknowledges the roles and responsibilities of independent certifying bodies. ACP emphasizes that certification bodies should exhibit attributes and best practices articulated in the ACP Professional Accountability Principles: ABMS and its member boards are encouraged to maintain strong conflict-of-interest protections, a non-profit organizational structure and a transparent governance structure composed substantially of physician members, with transparent financial and reporting processes. ABMS evaluations should be transparent, relevant to a spectrum of practice settings, topical and relevant to practice, and encompass a varied portfolio of assessment methods. An established quality control process should be in place to ensure the accuracy and content validity of the assessment.

Recommendation 6: ABMS Boards must have clearly defined remediation pathways to enable diplomates to meet assessment, learning and practice improvement standards in advance of any loss of certification.

ACP endorses the need for clearly defined remediation pathways, including clear pathways in advance of any loss of certification. This expectation is central to a formative learning process.

Recommendation 7: ABMS Boards should collaborate with professional and CME/CPD organizations to create a continuing certification system that serves the public while supporting diplomates in their commitments to be better physicians.

ACP agrees with the necessity for Board-society collaboration, and asserts that ABMS and its member boards should restrict the scope of their certification activities to improvement of the design and implementation of longitudinal certification assessment programs, and should not assume development of educational content. The design and delivery of specialty educational content is best left to specialty societies and dedicated providers of Continuing Medical Education (CME).

ACP welcomes sharing of aggregate information about knowledge gaps in Internal Medicine, informing a national needs assessments to guide the design of our educational materials.

ACP seeks clarity about Recommendation 7b. ACP must ensure that the privacy of our members is respected. Details including the depth of requested data about individual diplomates need to be delineated. Diplomates must also be allowed to control the extent of direct transfer of information through an opt-in process.

Recommendation 8: The certificate has value, meaning and purpose in the health care environment.

8a. Hospitals, health systems, payers, and other health care organizations can independently decide what factors are used in credentialing and privileging decisions.

8b. ABMS must inform these organizations that continuing certification should not be the only criterion used in these decisions and these organizations should use a wide portfolio of criteria in these decisions.

8c. ABMS must encourage hospitals, health systems, payers, and other health care organizations to not deny credentialing or privileging to a physician solely on the basis of certification status.

ACP strongly endorses statements 8b and 8c. ACP Principles state that “participation in programs for physician accountability such as maintenance of certification should not be an absolute prerequisite for licensure and credentialing”.

Recommendation 9: ABMS and the ABMS Boards should collaborate with other organizations to facilitate and encourage independent research that determines:

9a. whether and to what degree continuing certification contributes to diplomates providing safe, high quality, patient-centered care; and

9b. which forms of assessment and professional development activities are most effective in helping diplomates maintain and enhance their clinical skills and remain current in their specialties.

ACP agrees that data is lacking regarding the utility of continuing certification and that research is needed in this arena. We advise that research conducted unilaterally by ABMS or its member boards risks perception of bias and may be poorly accepted by diplomates. Consequently, ACP urges collaboration with specialty societies and impartial third parties.

Recommendation 10: ABMS Boards must collectively engage in a regular continuous quality improvement process and improve the effectiveness and efficiency of continuing certification programs.

ACP agrees with the need for ABMS and its member boards to engage in internal continuous quality improvement, to build and sustain our members’ trust in the continuing certification process.

Recommendation 11: ABMS Boards must comply with all ABMS certification and organizational standards.

ACP agrees that leadership of ABMS Boards must include diverse diplomate representation. ACP disagrees with the wording used for the expectation that “a supermajority” of voting Board members be “clinically active”. This recommendation requires clarification in order to ensure that boards include sufficient, truly clinical, representation to meet their stated purpose. Diplomates must be represented by Boards whose members understand the cognitive, administrative, and personal burdens of direct patient care. ACP recommends that “clinically active” board members be defined as spending more than half time professional activity on direct patient care.

Recommendation 12: Continuing certification should be structured to expect diplomate participation on an annual basis.

ACP disagrees with an expectation for annual diplomate participation in continuing certification as unduly restrictive. This timeline is too short to accommodate physicians who face life events, take sabbaticals, or experience other brief deviations of their career paths. While annual participation would be optimal, flexibility will be necessary without jeopardizing continuing certification status.

Recommendation 13: ABMS Boards must regularly communicate with their diplomates about the standards for the specialty and to foster feedback about the program.

ACP appreciates and endorses the Commission's emphasis on effective, regular and bi-directional dialogue with diplomates on programs and standards.

Recommendation 14: ABMS Boards should have consistent certification processes.

ACP supports goals for consistency of ABMS member Board processes.

Recommendation 15: ABMS Boards should facilitate reciprocal longitudinal pathways that enable multi-specialty diplomates to remain current in multiple disciplines across ABMS Boards without duplication of effort or excessive requirements.

ACP agrees with the need for support of multi-specialty diplomates. ACP members practice across specialties such as Medicine-Pediatrics, Medicine-Neurology, Critical Care Medicine, and Sleep Medicine. Reciprocal pathways should be designed to optimize physician professional satisfaction by eradicating unnecessary burdens such as redundancy of certification requirements.

In Summary, ACP applauds the efforts of the Commission to develop an improved model for continuing certification. We look forward to partnering with ABMS to encourage forward progress that meets the needs of diplomates, patients, and other stakeholders.

Sincerely,



Ana María López, MD, MPH, MACP
ACP President