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Maintenance of Certification and the Platinum Rule: An Existential Crisis

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Maintenance of Certification (MOC) programs administered by American Board of Medical Specialties (ABMS) member boards are facing an existential crisis. A series of lawsuits have been filed against various member boards challenging the validity of MOC programs. Granted, these lawsuits appear to be coordinated by a relatively small group of anti-MOC activists, and although none of the plaintiffs have yet to prevail, the lawsuits have underscored the inescapable fact that MOC programs generally are disliked by the very group they were designed to benefit, the diplomates. Lawsuits aside, the frustration with current MOC programs is widespread and not isolated to a specific specialty.[1]

This crisis has not been ignored by those who value the role that board certification has played in advancing the cause of public health and safety. The crisis not only threatens to derail the MOC process, but it may potentially weaken the bedrock foundation of the board certification process. Board certification has been perhaps the most visible and most important public safety benchmark for physicians in the past century.

How did some ABMS member boards, with arguably the most rigorous specialty certification standards in the world, find themselves so misaligned with the physician diplomates they serve? More importantly, how do ABMS physicians move forward without fueling the inevitable free fall of standards that would result if multiple competing — but far less rigorous — certification systems were born of this crisis? The answer to both questions is complex. One solution will likely not fit all specialties, and it will require individual boards to wisely address specialty-specific challenges and opportunities. That said, the path forward lies in the enthusiastic engagement of our diplomates by member boards adopting the platinum rule.

The golden rule is well known and states "do unto others as you would have them do unto you," whereas the platinum rule is less well known and states "treat others the way they want to be treated." The golden rule, while beneficent, does not concern itself with the varied needs of others, especially the board-certified diplomates or the patients served by those diplomates, but rather is concerned with the needs of the self. In adhering to the golden rule, ABMS member boards may have unwittingly forced their beliefs onto their member physicians and their patients under the guise of well-intentioned compassionate paternalism. Had the ABMS member boards instead adhered to the platinum rule, arguably a more benevolent moral guideline, this MOC crisis may never have developed.

The ABMS concept of MOC, or continuing certification, was created with the best of public health intentions. It aimed to keep physicians up to date in their chosen specialty, thereby "elevating the standards of medical care with improved outcomes and better patient experiences." As such, MOC is clearly a noble cause; however, the arduous processes enacted to achieve its stated goals lack convincing scientific evidence. Thus, it is seen by practicing physicians as onerous and irrelevant. Mandating physicians, steeped in the scientific method, to participate in an expensive, time-consuming, scientifically unproven process engendered opposition.

A significant percentage of US physicians are already suffering from professional

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burnout.[2] Adding laborious, costly burdens on top of the mounting bureaucratic demands imposed by regulatory agencies, insurance companies, and hospitals is destined to fail. Perceptions of economic exploitation and financial vulnerability only exacerbate the crisis. To be clear, most opponents are not waging a campaign against continuing medical education (CME), or the value of board certification. Rather, they seem to object to what they perceive — rightly or wrongly — as economic exploitation, self-enrichment of the boards, and micromanagement of physicians' professional lives. For board-certified diplomates, the Sword of Damocles is the maintenance of their hard-earned board certification through a process they do not embrace but in which they must participate or place their professional lives at risk.

The American Board of Neurological Surgery (ABNS) recognized that the solution to this discontent lay with engaging our diplomates and inquiring about their needs. We conducted surveys and public forums. We, similar to many of the other ABMS member boards, quickly realized that the once-a-decade rigid, cognitive assessment was not only unpopular but did not achieve any verifiable educational goals. Test preparation was expensive, time-consuming, and of questionable relevance to most surgeons' daily practice. Consequently, the ABNS chose the path of education as opposed to regulation. Similar to many like-minded boards, our MOC process was disassembled and rebuilt to address the practice needs of our diplomates. Nearly 90% of our neurologic surgeons provide 24/7/365 emergency/trauma call at their primary hospital and require continuous education to serve in that role.[3] New MOC programs had to be created which were practical and time- and cost-effective exercises that pushed knowledge to the diplomate for emergency call. Our diplomates needed the MOC modules to be valuable enough to purchase even if they were optional.

We engaged our diplomates by creating an annual adaptive e-learning tool. It helps ensure all of our diplomates have the most up-to-date, evidence-based literature they need to safely take emergency room and trauma calls. The e-learning tool meets regulatory and educational requirements to facilitate diplomates taking calls at American College of Surgeons Trauma Centers and emergency rooms. The diplomates learn at their own pace and master all the evolving surgical management principles in an adaptive online e-learning format. The scientific efficacy of e-learning is being studied and appears promising.[4] The ABNS grants CME credits for completing this tool at a cost far below that of most other CME offerings. The ABNS also made the MOC process of confirming professional standing more facile, less time consuming to the diplomate, and safer for the public we serve. We also focused our surgical quality efforts on a single platform aimed at improving patient outcomes that required participation in already existing local hospital quality improvement conferences, thus ensuring that our diplomates are continuously engaged in self-evaluation without imposing additional burdens on them. In short, the ABNS embraced an iterative MOC process designed by our diplomates and focused on their educational needs.

We chose to make MOC fees cost-neutral, so that the ABNS does not make money from MOC. We operate with a small staff, a modest budget, and an all-volunteer skin-in-the-game board of directors. Our goal is to make the ABNS MOC/continuing certification program so valuable that every ABNS diplomate including our directors will voluntarily choose to participate, regardless of whether they are required to do so.

The path forward for the ABNS, and ABMS, is to recognize that MOC is an evolving facet of each physician's continuing education, as opposed to an expensive all-or-none certification process. It should be an efficient, inspiring, educational experience promoting physician engagement and diminishing physician stress and burnout. It should provide the public some assurance that their physicians are continuously assessed and

learning. Its scientific validity in terms of improving knowledge and safety must be studied and reshaped to what works for the diplomates and the public.[5] To address this MOC existential crisis, we must recommit ourselves to the platinum rule and deliver the educational platforms our diplomates seek and our patients deserve.

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