

January 15, 2019

Christopher Colenda, MD, MPH, Co-Chair  
William Scanlon, PhD, Co-Chair  
Continuing Board Certification: Vision for the Future Commission

RE: Continuing Board Certification: Vision for the Future Commission Draft Report for Public Comment

Dear Dr. Colenda and Dr. Scanlon:

On behalf of the American Society of Nephrology (ASN), thank you for the opportunity to provide comments regarding the ***Continuing Board Certification: Vision for the Future Commission (Commission)*** draft report released for public comment on Tuesday, December 11, 2018. ASN represents more than 20,000 physicians, scientists, nurses, and other health professionals dedicated to preventing, treating, and curing kidney diseases, which affect more than 850,000,000 people worldwide. ASN thanks the Commission for its dedication to this critically important task.

ASN's "Policy Statement on Maintaining Career Excellence" asserts that:

1. ASN endorses the role of the American Board of Internal Medicine—as one of the American Board of Medical Specialties' 24 specialty boards—to provide the initial certification for nephrologists.
2. ASN supports the lifelong learning of nephrologists through educational activities and self-assessment programs.
3. ASN believes in the right of each nephrologist to choose a process of maintaining career excellence that affirms the values of the medical profession as well as highlights to the public her/his ability to provide high-quality care.
4. ASN opposes efforts by entities outside the medical profession to weaken the public's faith in the ability of the medical profession to self-regulate.
5. ASN is committed to working for its members and their patients to:
  - Improve all aspects of the assessment of professional competence.
  - Explore innovative and more efficient approaches to ensuring nephrologists provide high-quality care for their patients.

The Commission's efforts to create a framework for "continuing certification programs as having value for diplomates, the profession and the public" align, in part, with ASN's policy statement.

The society applauds the Commission's recognition of several key points:

- Different purposes of initial certification and continuing certification.
- Need for "timely and relevant feedback" as part of assessments consistent with adult learning theories.
- Recommendation that "continuing certification should not be withdrawn solely due to substandard performance on a single, infrequent, point-in-time assessment."
- Need for "clearly defined remediation pathways" prior to any loss of certification.

- Responsibility of boards to inform health care organizations that “continuing certification should not be the only criterion used in these decisions” and further “encourage hospitals, health systems, payers, and other health care organizations to not deny credentialing or certification to a physician solely based on certification status.”

ASN is a member of the Council of Medical Special Societies (CMSS), which represents 43 specialty societies that have nearly 800,000 physician members. The society agrees with CMSS and urges the Commission to propose 1) pausing the use of the high-stakes, summative examination for continuing certification and 2) suspending the practice improvement component for continuing certification.

The discordance of many of the proposed approaches contained in the draft report and the unclear timelines for implementation are areas that require additional work to provide clarity in the continuing certification process. The ongoing controversy over continuing certification has had a negative effect on physician autonomy and lessened the ability of physicians to remain self-regulated.

In addition to supporting the points raised in CMSS’s letter and to urging an immediate pause on the high-stakes, summative examination and suspension of practice improvement, ASN would like to address the following recommendations directly:

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

ASN supports efforts to clarify the differing purposes, mechanisms, and approaches to initial certification and continuing certification. The society remains firmly supportive of initial certification including a secure examination as part of that process.

ASN agrees with the Commission on the importance of “timely and relevant feedback” as part of continuing certification assessments and that “continuous certification should not be withdrawn solely due to substandard performance on a single, infrequent, point-in-time assessments,” including the recommendation that ABMS and its boards move to “truly formative assessment approaches that are not high stakes nor highly-secured formats.”

The shift to formative over summative testing in continuing certification is critical if the goals are to assess the individual physician’s knowledge of his/her principal area of practice in that specialty, identify areas in need of improvement, and indicate pathways for improvement. While a more high-stakes exam could be an option, it must be voluntary and cannot serve as the only pathway to continuing certification.

ABMS and its member boards should demonstrate the validity of new models of continuing certification prior to implementation. Additionally, ASN supports the development and evaluation of “innovative assessment methods.” The society encourages the Commission to recommend a mechanism to pilot and evaluate novel approaches to assessment of physician competency through continuing certification.

**Recommendation 4: Standards for learning and practice improvement must expect diplomate participation and meaningful engagement in lifelong learning and practice improvement.**

The objections of ASN members to the practice improvement recommendations in the draft report have been vociferous. Society members were alarmed by the Commission's statement that continuous certification "must expect diplomate participation and meaningful engagement." The objections from the nation's nephrologists focus primarily on:

- Absence of data linking practice improvement to patient outcomes.
- Time burden associated with requirements for data entry for the practice improvement module (PIM).
- Personal stress.
- Financial burden.
- Time away from practice and family.

These objections align with the highly critical testimony regarding practice improvement received by the Commission prior to issuing the draft report. Practice improvement activities need to be evaluated for the value they add and the burden they place on diplomates.

The health care environment has placed a great deal of emphasis on practice improvement in physician payment models like Merit-based Incentive Payment and System (MIPS) payment pathway of the Quality Payment Program (QPP). These payment programs have multiple activities for physician reporting and a scoring mechanism that is subject to annual changes in the rulemaking process. There are also different reporting requirements based on small practice, non-patient facing status, rural areas, and health professional shortage areas (HPSA). These factors are complicated by the fact that many of these activities are practice level – not individual level.

Should practice improvement be voluntary? Should they even be included in continuing certification? A great deal of work on this issue remains.

**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.**

ASN stands with CMSS in offering its commitment and services in collaboration with the ABMS Board of Directors to resolve areas of conflict (particularly around high-stakes testing and practice improvement), address alignment, develop a collaborative data strategy, prioritize recommendations, and develop a transparent timeline and plan of action. ASN believes all the steps identified here must be addressed if continuing certification is going to add value to physicians' practice and patient care.

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

- A. Whether and to what degree continuing certification contributes to diplomates providing safe, high-quality, patient centered care.
- B. 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.

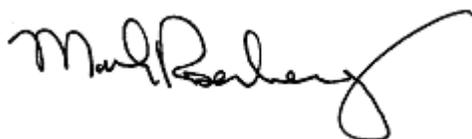
ASN strongly endorses the value of studying the impact of continuing certification on patient outcomes and the effectiveness of different assessment strategies on impacting patient care. ASN encourages the Commission to recommend the development of a mechanism to support this important research.

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

As the Commission heard, distrust exists among some diplomates regarding ABMS and its boards. ASN believes that transparency, consistency, and uniform compliance are essential to addressing this concern. The society supports efforts that will achieve these goals and, like CMSS, offers to work with the ABMS Board of Directors and the leaders of the 24 boards to achieve these objectives.

ASN thanks the Commission for its hard work on this critical issue. The society is committed to working with ABMS and its boards on a pause and suspension, proposed by CMSS, to allow the entire physician community to reach agreement on the timeline, process, and vision for reinventing continuous certification. ASN stands ready to support efforts to make continuing certification a meaningful assessment program valued by physicians.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Rosenberg", with a stylized flourish at the end.

Mark E. Rosenberg, MD, FASN  
President



January 15, 2019

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

**RE: Continuing Board Certification: Vision for the Future Commission Draft Report for Public Comment**

Dear Drs. Colenda and Scanlon:

The Council of Medical Specialty Societies (CMSS) represents 43 specialty societies with collective membership of almost 800,000 physician members. This letter represents a joint response from CMSS to the draft report of the ***Continuing Board Certification: Vision for the Future Commission*** (the Vision Commission). In addition, some CMSS member societies have chosen to send individual comments. CMSS would like to thank the Vision Commission for their hard work and effort over the last year on this critically important topic. CMSS publicly supports professional self-regulation, life-long learning, ongoing assessment of competence, and performance improvement. The specialty societies are champions and providers of continuous learning, performance improvement, and professionalism. CMSS is committed to working with ABMS and its 24-member certifying boards to improve existing processes of ongoing assessment of physician knowledge and practice performance.

The draft report demonstrates that the Vision Commission was actively listening to concerns raised by patients, physicians, medical specialty societies, and other stakeholders about the current state of maintenance of certification. CMSS hopes that the Vision Commission's final report marks an important turning point toward a more formative approach that supports diplomate learning and improvement. The specialty societies remain committed to ongoing collaboration with ABMS and its member certifying boards to realize this vision.

**GENERAL COMMENTS RELATED TO COMMISSION REPORT**

The draft report includes important findings and recommendations that have been well-received by the specialty societies, including the following:

- The recognition that initial certification and continuing certification have different purposes. The specialty societies remain supportive of initial certification and the value of a secure examination as part of that process.
- The need for "timely and relevant feedback" as part of assessments (Recommendation #2e).

- Support for the recommendation that “continuous certification should not be withdrawn solely due to substandard performance on a single, infrequent, point-in-time assessments.” (Recommendation #2f), including the recommendation that the ABMS Boards move to “truly formative assessment approaches that are not high stakes nor highly-secured formats.”
- The need for “clearly defined remediation pathways” prior to any loss of certification (Recommendation #6).
- The recommendations that boards have a responsibility to “inform organizations that continuing certification should not be the only criterion used in these decisions” and further “encourage hospitals, health systems, payers, and other health care organization to not deny credentialing or certification to a physician solely on the basis of certification status” (Recommendation #8).

While appreciating these important findings and recommendations, CMSS has serious concerns with four issues:

1. The ongoing use of the high stakes, summative examination as part of continuing certification.
2. The practice improvement component.
3. The role clarity between certifying boards and specialty societies.
4. The timeline for implementation.

Given the serious nature of these concerns, the frustrations over the Maintenance of Certification (MOC) program, the myriad (often conflicting) approaches the 24 individual certification boards are taking to address these frustrations and improve ongoing assessment of physician competence, and the difficulty in “trying to change a tire on moving car,” CMSS urges the Vision Commission to propose 1) a moratorium on the use of the high stakes, summative examination for continuing certification and 2) a suspension of the practice improvement component for continuing certification.

#### **Moratorium on the use of the high stakes, summative examination for continuing certification**

The specialty societies propose a moratorium on the use of the high stakes, summative examination for continuing certification until ABMS and its member boards can implement the recommended changes to continuing certification. CMSS 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, the physician community wants to send a clear signal to ABMS and its member boards that the high stakes examination should not be used while the nation’s physicians await implementation of a more formative model for continuing certification.

Because the Vision Commission clearly identified the use of the high stakes, summative examination as a practice that should be discontinued, it is not reasonable to force diplomates to take the examination or other summative knowledge assessments while the boards move to implement more formative assessments at varying speeds. Further, the Commission should consider whether ongoing fees for the summative assessments are warranted.

#### **Suspension of the practice improvement component of continuing certification**

Given the highly negative testimony regarding practice improvement (Part IV) of maintenance of certification, CMSS was surprised that the Vision Commission recommended that continuous certification “must expect diplomate participation and meaningful engagement” in practice improvement (Recommendation #4). CMSS recognizes the vital importance of physician engagement in

practice assessment and quality improvement, but further work is needed to identify how outcome assessment and practice improvement should be assessed in the context of continuing certification.

The practice improvement component must add value while minimizing diplomate burden; reflect the reality of clinical practice; complement existing efforts; incorporate clearly defined performance improvement standards; and recognize physician participation in team- and system-based improvement.

Based on the testimony presented to the Vision Commission, ABMS and its member boards have significant work ahead to define a meaningful practice improvement component of ongoing certification. There is no need to impose requirements on overburdened physicians that fail to drive meaningful improvement. Given the significant role of specialty societies in practice improvement for their members, CMSS would be pleased to work with ABMS and the member boards on a future vision for practice improvement that would be collaborative and meaningful to practicing physicians, including participation in clinical registries.

***CMSS believes that these actions would be a demonstration of good will that may hold off further state legislative activity and provide the ABMS and its member boards the needed time to get all aspects of continuing certification right.***

#### **Need for greater role clarity between certifying boards and specialty societies**

While CMSS supports collaboration between the ABMS member certifying boards and the specialty societies, it is important to recognize that education and professional development are the domains of specialty societies, and assessment is the domain of the certifying boards. Since the Vision Commission recommendations frequently blur the lines between “learning” and “assessment,” further role clarity is needed to avoid duplication, overlapping activities, and excess burden on diplomates.

The draft recommendations frequently assert that ABMS and the boards will assume leadership for many aspects of physician learning and improvement even when it may not be appropriate. For example, the draft report references *board-led* programs or platforms for continuing professional development. The development of continuing professional development programs for physicians has been a longstanding role of the specialty societies. The specialty societies can further develop and adapt existing learning platforms to meet the needs of continuing certification. The boards can continue to set the standards and assess if diplomates are successfully meeting those standards.

Some certifying boards are developing new learning materials and programs even though existing specialty society materials could be readily utilized. In addition, the recommendation to use “multiple sources” for the summative decision may include clinical performance data on diplomates that may already be collected by specialty societies in clinical data registries.

Without further clarity, the final report may drive greater duplication. Such overlap will likely result in additional burden, confusion, cost, and anger among diplomates.

#### **Timeline for implementation and collaboration**

Greater clarity is also needed regarding how and when the ABMS Board of Directors will adopt the recommendations, how and when the 24-individual boards will be required to respond, and how the specialty societies will be engaged. Although the draft report notes that many of the recommendations

“can be implemented in the near term,” it fails to clarify which recommendations are considered “near term” or the expected timeline for near-term implementation. Some longer-term recommendations will likely take three to five years to implement.

The draft report also references the need for boards and professional organizations (including specialty societies) to prioritize the recommendations. CMSS is ideally positioned to help prioritize the final recommendations from the Vision Commission, based on its longstanding relationship with ABMS, prior efforts to address concerns about maintenance of certification, and unique role in representing most specialty societies that connect with one of the 24 boards. As such, CMSS would support a joint process for prioritization.

#### **SPECIFIC COMMENTS RELATED TO COMMISSION RECOMMENDATIONS, AND FINDINGS**

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

Recognizing the need for a multi-pronged approach to continuing certification, CMSS is concerned with language that implies the boards set the standards for elements of an integrated program beyond assessment, such as setting standards for professionalism and practice improvement. The boards and the specialty societies should jointly set these standards. Further commentary on the required inclusion of practice improvement is covered in the general comments.

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

Many of these recommendations are supported by the specialty societies, including:

- Support for “*timely and relevant feedback*” as part of assessment (2.e).
- Support for the recommendation that “*continuous certification should not be withdrawn solely due to substandard performance on a single, infrequent, point-in-time assessments*” (2.f).
- Support for the recommendation that ABMS’s boards move to “*truly formative assessment approaches that are not high stakes nor highly-secured formats.*” In its draft report, the Vision Commission cites the ABIM Knowledge Check-In as a “high stakes assessment in a different form.” CMSS agrees with this assessment.

However, some of the recommendations raise concerns for specialty societies:

- Further clarity is needed on the sources that would be acceptable within “*multi-source data*” (2.b).
- At times, the recommendations overreach on the respective role of boards and specialty societies. For example, the sole responsibility for what constitutes “*core knowledge, judgement and skills are needed to be a diplomate in their core specialty or sub-specialty*” (2.c) does not solely rest with the boards and must be done in collaboration with the specialty societies. The Accreditation Council for Graduate Medical Education (ACGME) Milestones Project provides a template for collaborative standard curriculum development with the residency directors,

boards and specialty societies with incorporation of the core curriculum into specialty society tools.

- This recommendation includes a long list of additional areas for board assessment without any recommendations for how to effectively implement these broad areas into physician practice without undue burden. Many of these areas significantly overlap with existing education and training efforts of the specialty societies, including clinical judgment, medical decisionmaking, communication, professionalism, system-based practice, patient care, procedural skills, and assessment of surgical skills using simulation.

Given the high degree of physician burnout and the need to implement these recommendations in a timely manner, CMSS urges the Vision Commission to encourage boards to utilize existing specialty society educational resources and platforms whenever possible, rather than support the development of new resources.

**Recommendation #3: Professionalism is an important competency for which specialty-developed performance standards for certification must be implemented.**

- ABMS Boards should develop new and reliable approaches to assessing professionalism and professional standing.**
- ABMS Boards should have common standards for how licensure actions for professionalism impact continuing certification.**

The intent of this recommendation appears to be more consistent inclusion of disciplinary concerns from state boards into summative decisions regarding continuing certification. CMSS supports this recommendation, but the language is overly broad and implies that the certifying boards “own” professionalism and the standards that will be used to assess professionalism. Specialty societies already have codes of professional ethics for their members and must be engaged in these discussions.

**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.**

As noted above, this recommendation assumes that the boards are the appropriate arbiters of standards for lifelong learning and practice improvement. The recommendation that the *“the ABMS Boards should establish criteria and guidelines for using practice improvement work completed in the diplomate’s practice environment to meet continuing certification requirements”* does not appropriately encourage collaboration with other entities, such as specialty societies that have deep content knowledge in practice improvement and assessment of performance in practice through clinical registries.

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

CMSS and its members would appreciate the use of *“unambiguous and transparent”* communication to diplomates. 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...”* Further clarity is needed on this statement as it implies that

physicians who have been “grandfathered” or “grandmothered” by their respective boards will be required to participate in continuing certification. This issue is very contentious and may create a firestorm among physicians who have been “grandfathered” or “grandmothered” by their boards. If intended only as an aspirational comment, it should be clarified in the Vision Commission’s final report.

**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.**

CMSS and its members fully support a remediation pathway for diplomates. While CMSS appreciates the draft report’s acknowledgment that the boards need to collaborate with professional organizations and providers of continuing professional development, certifying boards must work with the specialty societies to clearly identify roles and expectations. While remediation logically fits within the educational responsibility of the specialty societies, it should be recognized that this new responsibility will require more resources to develop targeted modules that support diplomate needs.

**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 commitment to be better physicians.**

While the recommendation emphasizes the importance of collaboration, it also recommends a “*uniform ABMS data strategy*.” Given the draft report’s focus on continuing professional development, it would be more appropriate for the Vision Commission to recommend the development of a *collaborative* data strategy that works for boards, specialty societies, and other continuing medical education/CPD providers.

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

CMSS and its members support the recommendation’s focus on the inappropriate use of certification as a sole criterion for privileging and credentialing. Further, CMSS appreciates that the recommendation also notes that 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*.” These recommendations align closely with CMSS policy on the use of certification. The inappropriate use of certification in credentialing has fueled much of the state anti-MOC legislation, so the clarity of this recommendation may help to dampen those efforts.

**Recommendations 9-10: Independent research and evaluation is greatly needed**

CMSS and its members support the recommendations on the need for ongoing research and evaluation. The specialty societies are willing to support ongoing program evaluation and research on the effectiveness of continuing certification. To fully engage the physician community, it will be critical to independently demonstrate the effectiveness of continuing certification. It is very important that ABMS and the member boards demonstrate their commitment to solicit and use ongoing diplomate feedback to drive continuous improvement. If practicing physicians are fully engaged in the evaluation and ongoing improvement of continuing certification, it could help avoid a repeat of the highly negative reaction to the MOC program.

**ABMS Boards' Support of Diplomates: Recommendations 11-15**

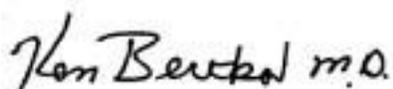
CMSS and its members support the need for broad diplomate representation with a supermajority of “clinically active” members. While some academic physicians may spend a small proportion of their time with patients, it is very important that the boards include physicians who *primarily* practice medicine to provide a frequently missed perspective. CMSS would support more communication and feedback to and from diplomates that clearly demonstrate how their feedback influences changes in the program.

CMSS and its members also support the recommendation for greater consistency across the boards. It is a logical extension of the ABMS role and should help to reduce unwarranted variation. ABMS should engage the specialty societies in ensuring greater consistency (and less unwarranted variation) across the boards. As a first step, ABMS, its 24 certifying boards, and the specialty societies must reach agreement on the timeline, process, and vision for reinventing continuous certification.

Evidence and further justification should exist for the recommendation for annual participation by diplomates. Further clarity and consistency on emerging processes such as remediation, re-entry, and appeals processes will be essential. ABMS should monitor for any unintended consequences from these recommendations, including the risk that innovative certification programs that have been highly valued by diplomates could be asked to change for the sake of consistency.

In conclusion, the CMSS leadership, 43-member societies, and the nearly 800,000 physicians these specialty societies represent thank the Vision Commission and its members for producing a thoughtful, comprehensive, and forward-thinking report. CMSS appreciates many of the important recommendations regarding the use of continuous certification pathways outlined in the draft report. Also, CMSS has identified areas that require further collaboration and discussion prior to implementation. The nation’s specialty societies stand ready to support efforts to make continuing certification into an assessment program that is highly valued by our physician members.

Sincerely,



Ken Bertka, MD, FAAFP  
President, Council of Medical Specialty Societies