

Board Recertification in Anesthesiology-Is it Still an Option for Anesthesiologists?

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The American Board of Medical Specialties (ABMS) requested its 24 member Boards to introduce a Recertification Program to their diplomates. As a consequence of this request, the American Board of Anesthesiology (ABA) had implemented a Maintenance of Certification in Anesthesia (MOCA) program from January, 2000. The consequence of this change was that all diplomates who gain their Board certification in 2000 and thereafter will be issued a time-limited certificate. To maintain that certification, every diplomate must enter the MOCA program and recertify every ten years. The diplomates who received their Board certification prior to year 2000 were issued a non-time-limited certificate and were excluded from this new recertification requirement. However, the ABA did offer all the diplomates with non-time-limited certification the opportunity to enter the MOCA program on a voluntary basis.

In brief, the MOCA participants have to fulfill the following requirements during a 10-years period:

- An unrestricted license to practice medicine
- Peer-attestation of good clinical practice
- Attainment of a defined number of Continuing Medical Education (CME) credits
- Professional practice assessment and improvement
- Satisfactory performance in a cognitive examination

This editorial highlights the reasons for all Board certified anesthesiologists, irrespective of the year of certification, to be enrolled in MOCA offered by the ABA and continue to periodically recertify in order to demonstrate career learning and continuous incorporation of new data and best clinical practices adoption. The added value to continuous recertification is in demonstrating our fiduciary responsibility to society, policy makers and our regulatory agencies. This commentary also underscores the need for all Faculty Anesthesiologists to participate in the MOCA program in order to promote evidence-based practice and knowledge-based teaching.

The current literature supports the efficacy of Board recertification in promoting better patient care even though this inference is based on data collected over a short period of time [1,2]. In addition, current medical expert opinion strongly favors universal Board recertification irrespective of the year of certification [3,4]. Furthermore, the major medical societies, including the American Medical Association (AMA), have endorsed the ABMS's endeavor to promote career long recertification [5-7].

The ABMS has explicitly promoted Maintenance of Certification (MOC) to all Board certified physicians in its official newsletters [8]. The ABA has recommended MOCA to all Board certified anesthesiologists irrespective of the year of certification. The user-

friendly ABA website and the password-protected individualized portal entry for each diplomate to assess his/her progress in the MOCA program is a testimony for this progressive move. For many years, the ABA has mandated Board recertification to its Board examiners. The ABA has made MOCA participation mandatory for all Board certified anesthesiologists who plan to sit for the recently introduced sub-specialty examination in Pediatric Anesthesiology. These requirements are clearly explained in the 2013 ABA Newsletter.

There are important recent developments at the national level. The Joint Commission (TJC), which was formerly called The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), has enacted components of MOC among its requirements for granting hospital privileges [9,10]. In addition, the Federation of State Medical Boards (FSMB) has expressed its desire to include Maintenance of Certification in its Maintenance of Licensure requirements thus making it easier for MOC participants to renew their state licenses [9,10]. Even the Centers for Medicare and Medicaid Services (CMS) have consented to accommodate participation in MOC as a requisite to the Physician Quality Reporting System (PQRS) that entails an increased reimbursement [11].

There are significant demographic changes that are taking place in the physician workforce that should be a concern to the non-time-limited certificate holders who elect not to recertify. The physician demography, pertaining to age distribution, is changing and it has been estimated that 95% of practicing physicians, in the year 2020, will be enrolled in MOC programs. This will relegate those currently exempt to a vanishing minority. Soon, the majority of members of the American Society of Anesthesiologists (ASA) will be enrolled in MOCA because of their year of Board certification. These eventual changes leading to most, if not all, anesthesiologists to be recertified may make the third party payers demand MOC enrollment as a requirement for participation and payment. Following this trend, and in view of the economic impact, future employers of anesthesia groups may demand MOCA participation as a condition for hiring.

The teaching anesthesiologists who train our residents in anesthesiology residency programs have additional reasons to enter MOCA. The Residency Review Committee (RRC) may request teaching anesthesiologists to enroll in MOCA as a commitment to lifelong

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learning and knowledge-based teaching. The requirement for Board examiners, to be regularly Board recertified, can be a harbinger of this decision. Furthermore, academic institutions' promotion guidelines may mandate participation in MOC in order to be considered for a promotion. This is a serious consideration for teaching anesthesiologists who seek faculty development and promotions in their career.

In an unforeseen circumstance, such as a malpractice lawsuit, MOCA and Board recertification of the anesthesiologist may play a significant role in his/her defense [12,13].

The legislators and the policy makers constantly attempt to advance safety in medical practice and will embrace, and with time will enforce, MOC as a requirement for all practicing Board certified physicians [7,14]. Patients, time and again, have indicated their preference to be treated by physicians who maintain and advance their knowledge and skills, and from the physician's stand-point and obligation, participation in MOC and Board recertification can achieve that need [15,16].

To be completely sober when discussing recertification and MOCA, there are concerns raised by ASA members regarding the validity of the process especially the use of simulators as a means of MOCA and recertification. History of medicine is filled with examples of organized teaching, minimal curricula requirements and demonstration of skills. Challenges from physician community have at time delayed implementation of what today is considered a norm that we would never do without. Teaching relies on didactic process where as training uses the knowledge gained to perform a task. When comparing simulator performance to faculty evaluation, in-training scores and mock oral examination results, the accuracy falls as demonstrated by the R^2 that was 0.5 in all three categories [17]. Despite infatuation with simulators, data are lacking on consistency leading to learning and ultimately improving patient safety [18,19]. Like any instrument, simulator may achieve the goal of both reliably training and testing performance but data aren't there yet [20,21].

Now for many anesthesiologists, the future is bright but it also includes foreseeable adjustment of downward income. At the same time, ABA Board certification and recertification is a substantial financial burden compounded by the added continuous rise of licensure costs. ASA, the main provider of MOCA material, does not provide these materials as part of membership dues. The cost of providing simulation might be ranked lowest in amongst all professions using simulation, but for many anesthesiologists access to a 'certified' simulator program might add to their financial burden as they must pay for travel and lodging expenses.

In conclusion, as this editorial indicates, there are many stakeholders at play on this issue of 'Physician Competence to Practice'. As physicians, we should not ignore the expression "If we do not do it ourselves someone else will do it for us-be it legislators or regulators". As physician anesthesiologists, increasing demands on services and credentialing are inevitable. MOCA and Board recertification might seem debatable but they are here to stay. Knowing that, we ask that both ABA and ASA weigh the financial burden of both since it may prove to be a serious deterrent.

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