Report of the AAFP Task Force on Board Certification in Family Medicine

April 2018

In July 2017, the American Academy of Family Physicians (AAFP) Board of Directors created the Task Force on Board Certification in Family Medicine (Task Force) in an effort to explore the anger and frustration with the process for maintenance of certification – now often called continuing board certification – that has been reported to the AAFP by its members and to try to reconcile those reports with information provided by the American Board of Family Medicine (ABFM) indicating that family physicians are largely satisfied with the continuing board certification process. The Task Force was charged with:

(1) Evaluating alternatives to achieve ongoing board certification in family medicine;
(2) Developing recommendations to the ABFM (and potentially other certifying boards) regarding options for achieving demonstration of knowledge in addition to the options of taking a secured proctored exam or submitting patient quality data to the ABFM's PRIME registry;
(3) Developing AAFP policy regarding professional self-regulation and the appropriate use of maintenance of certification/continuing board certification;
(4) Developing AAFP policy regarding criteria by which specialty certifying boards in family medicine may be evaluated; and
(5) Considering other aspects of board certification as necessary to address the concerns that have been raised with respect to the current process.

The Task Force met twice – in December 2017 and in January 2018 – and has submitted its recommendations for consideration by the AAFP Board of Directors. This paper provides further background and support for those recommendations.

History of Specialty Board Certification

The Federation of State Medical Boards (FSMB) was founded in 1912. It represents the 70 state medical and osteopathic regulatory boards—commonly referred to as state medical boards—within the United States, its territories and the District of Columbia. It supports its member licensing boards as they fulfill their mandate of protecting the public's health, safety and welfare through the proper licensing, disciplining, and regulation of physicians and, in most jurisdictions, other health care professionals.

Specialty board certification, on the other hand, is the mechanism whereby nongovernmental bodies recognize a certain level of achievement by those engaged in the practice of medicine. Board certification in family medicine developed as an outgrowth of the increasing specialization of medicine in the 20th century. The first medical specialty board established was the American Board of Ophthalmology in 1917, followed by the American Board of Otolaryngology in 1924 and 17 others by 1940. In 1933, the American Board of Medical Specialties (ABMS) was formed by the boards of Dermatology, Ophthalmology, Otolaryngology, and Obstetrics and Gynecology.

The American Academy of Family Physicians was founded in 1947 to promote and maintain high quality standards for family doctors who are providing continuing comprehensive health care to the public. Originally called the American Academy of General Practice, the name was changed in 1971 to more accurately reflect the changing nature of primary health care.

By the late 1960s, decreases in the number of general practitioners and concerns of the public prompted action by the ABMS and the American Medical Association (AMA) to approve a specialty board for family medicine. Despite significant opposition, there was recognition that a medical specialty with breadth and a strong emphasis on community health was needed. There was also recognition that medical information was changing and expanding rapidly and that additional training was needed beyond an internship.

The American Board of Family Medicine (ABFM), since its inception as a specialty certifying board in 1969, issued only time-limited certificates, which made it the first specialty to require continued testing after initial board certification.

The ABFM is now the primary certifying body for family physicians. The AAFP is the membership association and primary provider of education, practice development, and advocacy resources for family physicians. These organizations have, over the decades, generally worked in parallel, but with somewhat different priorities and stakeholders. The ABFM's principal mission is to improve the health of the public through certification and related standards. The AAFP's mission is to improve the health of patients, families, and communities by serving the needs of members with professionalism and creativity.

Through the ABFM, family physicians have some of the most comprehensive continuing certification requirements of all specialties. They were meant to be stringent in order to improve physicians' ability to obtain and maintain hospital privileges and to give the public confidence in family physicians' ability to provide medical care. Unfortunately, ABFM's certification requirements have fallen short of those aims. In some instances, family physicians continue to have difficulty obtaining or maintaining hospital privileges, despite documented training and/or experience, demonstrated abilities, and current competence. The public and key policy makers are still not benefitting from full awareness of the rigor of family physician training or the value to society when patients receive continuous, comprehensive care from a well-trained family physician. In addition, with the increase in physician assistants (PAs) and nurse practitioners (NPs), family physicians are understandably concerned about lack of awareness of their full scope of practice. The AAFP has well developed advocacy resources and methodologies. It would be helpful if the ABFM, through their peer reviewed research findings, would more actively support AAFP efforts to assist in family physicians' ongoing struggle to help stakeholders recognize and respect the value of physicians specializing in family medicine.

Continuing board certification has been problematic in other ways. Failure to maintain board certification has significant consequences for family physicians. For example, it is sometimes used inappropriately as a sole or absolute criterion for obtaining or maintaining hospital privileges, credentials, employment, and/or inclusion in insurance panels, making it seem (if not actually be) mandatory. The AAFP believes that such decisions should be made based upon physicians' documented training and/or experience, demonstrated abilities, and current competence. The AAFP is opposed to the use of specialty board certification as the sole or an exclusionary criterion in determining medical staff membership.

As society and the nature of the social contract with medicine change in response to innovation and technology advances, it is time to reconsider the value of continuing board certification for family physicians and how it is accomplished. The costs, administrative burdens, time, and stress associated with continuing board certification are some of the greatest concerns expressed by family physicians. The Task Force believes the AAFP and the ABFM must together identify options for maintaining and enhancing the value of continuing board certification. Those options should uphold the principle of physician self-regulation and address the needs of family physicians and, through them, the health of patients, families, communities and the public.

The Value Proposition

For continuing board certification to have value for family physicians, the benefits it offers to family physicians must outweigh the costs they incur. For those who are mathematically inclined, this can be expressed as an equation:

$$\text{Value} = \frac{\text{Benefits}}{\text{Cost}}$$

To further explore this value proposition, the Task Force considered both the benefits and the costs of maintenance of certification, also known as continuing board certification. The Task Force considered ways that the value of continuing board certification could be enhanced by increasing the benefits while decreasing the costs.

Benefits of Continuing Board Certification

Ideally, the benefits of board certification redound to three separate constituencies: family physicians, their practices/employers, and their patients.

The initial certification process is clearly a validating step after the completion of residency. The initial certification process is a means of demonstrating the new physician's summative competency to practice medicine based on knowledge of current standards of care.

Continuing board certification also provides benefits, both tangible and intangible. Maintaining specialty board certification provides a sense of accomplishment and pride that Diplomates can share among peers. This accomplishment validates that the physician has demonstrated support of professional self-regulation and maintains current knowledge of standards of care.

For physicians and their practices/employers, continued board certification can also be used as a marketing tool to inform patients and insurers of a physician's ability to provide competent, sound medical care. Indeed, board certification is of value because it is currently a requirement of many hospitals, health systems, employers, and insurance companies; this is important because the majority (68%) of AAFP members self-report as employed.

Family physicians and others may view certification as a differentiator between a fully-trained physician and a trainee (i.e., student or resident). Additionally, continuing board certification in family medicine sets apart the specialty of family medicine from other specialties as well as from other providers, such as NPs and PAs. Without this process, individuals from different specialties and or professions might be better able to declare they are as qualified as, if not more qualified than, a family physician to practice family medicine.

Perhaps the most important benefit of continuing board certification is that the process of maintaining certification itself can enhance skills and knowledge, and even patient outcomes. There is some indication that the process itself of studying for a recertification exam changes various aspects of how physicians practice, with demonstrable improvement in the quality of their patient care. Obviously, improved patient care is a chief concern of both the AAFP and the ABFM, and it benefits physicians, practices/employers, and patients alike.

Malcolm Knowles, one of the lead investigators in adult learning theory, identifies four attributes that can be applied to continuing board certification activities to evaluate their effectiveness: relevance, engagement, active, and learner-centered. The process of maintaining certification provides training in relevant topics, specifically through continuous knowledge self-assessments (CKSAs) and knowledge self-assessments (KSAs). The CKSAs and KSAs allow physicians to be engaged and participate in active learning. They are also learner-centered because they allow physicians to select topics specific to their practices, needs, and interests.

To increase the benefits in the continuing board certification process, the assessments above all should be relevant and applicable to individual family physicians and their practices. That is, the subject matter tested should reflect the individual physician's practice (e.g., patient profile, geographic location). There is simply no benefit to patients for physicians to be tested on topics that have no bearing on the care they provide to patients.

Additionally, according to David Swanson, PhD, and based on test-enhanced learning research, material is remembered better when it is tested and when testing is spaced over time. The process for continuing board certification should remain based on all of these learning principles in order to maximize the value of the process to physician Diplomates and their patients.

The AAFP recognizes and commends recent attempts by the ABFM to improve the continuing board certification process. Recent surveys reveal that those family physicians who participated in the CKSAs found value in their methodology and applicability. Allowing physicians to learn or review material at their own pace, at any time or place, was seen as a great benefit. However, more could be done to improve this process. For example, the ABFM should consider offering the CKSAs and the KSAs in an adaptive platform so that, as the exam progresses, the program recognizes areas of weakness and repeats questioning in those areas to ensure better comprehension and thus subject mastery.

Costs of Continuing Board Certification

Despite its benefits, the continuing board certification process also imposes significant costs on family physicians. The current ABFM Family Medicine Certification process requires physicians seeking to remain board certified to invest significant time, money, effort, and emotional capital – so significant, in fact, that they can detract from the physicians' ability to provide quality care.

The Task Force does not object to the use of a periodic summative examination as one means of fulfilling the certification requirement for assessment of knowledge, judgment, and skills. But the Task Force believes the ABFM should also offer other alternative methods of fulfilling that requirement, and, in doing so reduce some of the costs to Diplomates, thus enhancing the value of continuing board certification to family physicians.

High-stakes exams such as the ABFM's can create a significant financial burden. In addition to the fee for the exam itself, some Diplomates lose income by taking off time from their practices

to study and sit for the exam, and some incur expenses to travel to a test site and obtain lodging while there.

High-stakes exams can create a personal as well as financial burden, as Diplomates must spend time away from family, friends, and other life activities that they value in order to study and sit for the exam. Indeed, the high-stakes exam can have a significant emotional impact on the examinee. Hospitals, health systems, employers, and payers are increasingly expecting physicians to maintain certification, and those who fail any of the steps in continuing board certification may incur significant hardships, such as losing hospital privileges or having employment terminated. High levels of stress and anxiety before and after sitting for the exam have been reported to have negative physical effects on health, and the stigma of not being board certified weighs heavily on Diplomates. The high-stakes exam is viewed by some as paternalistic and punitive, and as a mechanism for disqualifying unsuitable physicians rather than assisting those who need to maintain certification while developing and ensuring their knowledge, skill, and high-quality care delivery. While these burdens have always been, and may always be, to a certain extent associated with the recertification exam, other certifying boards have innovated with longitudinal or even “open book” formats for knowledge assessment. Though technology and adult learning measurement has changed, the ABFM exam format remains largely unchanged.

Current technology allows for secure and verifiable remote or home testing, but ABFM’s Diplomates are still required to travel to test sites, increasing the financial and emotional burden of the process. The ABFM should investigate security features that would allow Diplomates to access and take the exam in a secured home setting, thus reducing the burdens associated with the high-stakes exam test sites. According to reports from the ABMS, at least 11 other specialty boards are piloting or using remote or online testing services rather than a testing center so Diplomates can complete the exam in their office or home. Some are transitioning to an open-book approach, designed to more closely mirror the practice environment in which physicians can access information when needed. The ABFM should investigate these options for family medicine.

The ABFM should also consider, as other specialty boards have, a recertification exam that is not punitive, but rather remedial. That is, if a physician failed the exam or any part thereof, a certain period of time would be allowed (such as 6-12 months) and perhaps remedial resources would be offered, through the ABFM, the AAFP, or some other medical education provider organization for reassessment to ensure that the identified gap is closed. Such “grace periods” for assessment, remedial learning and re-assessment are being piloted or already being offered by at least three other specialty boards. If the ABFM were to adopt these measures, it would enhance competency and eliminate much of the anxiety the high-stakes exam creates for family physicians, as well as reducing the risk of contributing to the burnout and early attrition rates among physicians which have escalated to alarming rates.

The ABFM should also offer more alternatives to other aspects of continuing board certification, as most other ABMS specialty boards do. For instance, for fulfillment of the Lifelong Learning and Self-Assessment (Part II) requirement in continuing board certification, while all boards recognize completion of accredited CME activities as partial fulfillment, the majority of specialty boards do not also require completion of their own internally produced self-assessment activities. Rather, the majority of specialty boards accept Diplomates’ completion of other

organizations' (such as specialty societies') lifelong learning or self-assessment activities. But the ABFM requires Diplomates to complete its own internally developed KSA modules or CKSA.

Additionally, the ABFM is unique in positioning its CKSA as a means of fulfilling the Part II requirement. According to reports from the ABMS, at least one third of ABMS member boards have begun piloting or implementing similar longitudinal, frequent online questions as replacements for or alternatives to their Assessment of Knowledge, Judgment, and Skills (Part III exam). However, the ABFM continues to require its Diplomates to complete both KSA activities *and* a high-stakes exam. This practice unnecessarily increases cost and burden for family physicians that their colleagues in other specialties do not experience.

Frustration with the continuing board certification process is not unique to family medicine, yet other specialty boards have been quicker to respond to this frustration with innovative and effective alternatives.

The only potential alternative currently acknowledged by the ABFM for its recertification exam is submission of quality data to the ABFM's PRIME Qualified Clinical Data Registry. This option, by giving Diplomates some choice, is a step in the right direction. But it is not enough. The PRIME process of extracting electronic health record data to track quality of patient care and link it to improvement should not be the only alternative to the recertification exam. First, the PRIME alternative comes with its own fee that is in addition to other continuing board certification fees. Second, there are significant limitations to this process, given the complexity and quality of data within medical record systems. And it is also a worrisome alternative for some family physicians due to the sensitive nature of the data and to uncertainty about how the data will be used and shared. Finally, it is simply not feasible for some practices and physicians, because of limitations of their Electronic Health Record systems, their employers' data policies, or other factors beyond their control. While the PRIME option may be an attractive one for some Diplomates engaged in continuing board certification, additional alternatives should be offered to all Diplomates.

At this time when – according to ABMS reports – at least four other specialty boards have frozen their fee levels, and four more have reduced or eliminated fees, the ABFM should also consider ways to reduce costs. For example, even if Diplomates develop their own quality improvement project (a task not easily done), the ABFM charges a fee for verification that the project was completed. The ABFM should – if not eliminate this fee entirely – at least ensure that it is reflective of the ABFM's required verification efforts. The ABFM should provide more flexibility where satisfactory alternatives are available and preferred by its Diplomates.

Many specialty boards have been making enhancements to their websites, portals, dashboards and communications that simplify and streamline the process of continuing board certification. Family physicians will appreciate any progress that the ABFM can continue to make in this regard, as it helps reduce the burden of ongoing certification for Diplomates, thus enhancing the value of family medicine certification.

ABFM Diplomates are burdened by the requirement to manually input their state licensure information into the ABFM database, and they risk being noncompliant for a relevant stage of certification if they fail to do so, putting them in jeopardy of losing their certification, with all its attendant consequences. The ABFM should explore the possibility of handling this data transfer for Diplomates, thereby alleviating this task which poses an extra burden on Diplomates without adding value to their care for patients.

The ABFM should ensure that all its certification-related fees are reasonable and not duplicative and that they correlate with enhancing knowledge, skills, or the quality of care delivered to patients. It should not set fees simply because that is what the market will bear or because the prices align with what other specialty boards are charging.[1] The ABFM should do more to enhance the benefits of continued board certification, while containing or reducing the costs. Providing financial transparency as exemplified by the ABIM, which makes its consolidated financial report available publicly on an annual basis, should become a characteristic of the ABFM. Family physicians are willing to pay for certification and related services for which they perceive value; unfortunately, their current perception is that costs have increased and benefits have declined, thus eroding the value of board certification in family medicine.

Conclusions, Options, Recommendations and What the AAFP Can Do

The AAFP and ABFM are separate organizations without common governance but with significant overlapping populations of family physicians (AAFP members and ABFM Diplomates). Though some AAFP members are board certified through other organizations, their number is small. Therefore, many of the suggestions in this report are necessarily directed toward the ABFM as the specialty's primary certifying board, and the AAFP's available options for addressing family physicians' concerns about board certification by itself are necessarily limited.

Further, the two organizations lack perfect alignment on their mission, the constituencies they serve, and their vision for family medicine certification. But the Task Force believes there is enough overlap in these areas that the two organizations should work together to understand and address family physician's concerns with ABFM's continuing board certification process, aims, and outcomes.

The AAFP is a member-driven organization and, as such, has multiple communication channels that it uses for gathering information and making decisions, including the Congress of Delegates, commissions, National Conference of Constituency Leaders (NCCL), Annual Chapter Leader Forum (ACLF), state chapter visits, member surveys, listservs, web forums, and other private communications with members. Through these channels, the AAFP has heard that the value proposition of board certification has declined for many family physicians. They think that the value of certification is not worth the cost of time and effort, especially as technology has changed how medicine is practiced. In light of these communications, the Task Force believes that the specialty of family medicine is reaching a crisis point regarding continuing board certification. The AAFP should continue to explore these issues and discuss its findings with the ABFM to help the ABFM understand the sources of family physician frustration and ways to address and alleviate those concerns in a manner that supports the commonality of both organizations' mission – to improve the health of the public.

The Task Force sees value in continuing board certification, especially when considering scope of practice issues. PAs and NPs undergo a form of continuing board certification, as do other medical specialties. Several members of the Commission on Continuing Professional Development (COCPD) reported satisfaction with CKSAs. The value of continuing board

[1] On a related note, family physicians have expressed concern with the ABFM's ample reserves, which were of course developed in large part from the fees paid to it by its Diplomates. The ABFM should be transparent about the necessity of its reserves and charges to Diplomates and how they are used to further its mission.

certification will increase if it can improve and simplify the process of gaining privileges, state licensure, and payment for members. In addition, value would be increased if ABFM developed research data and findings on family physician workforce that could be promoted by the AAFP to limit erosion of family physicians' scope of practice. The AAFP has well-developed and effective advocacy resources that can be leveraged to communicate and advocate for the proper use of board certification in family medicine. The AAFP should encourage the ABFM to fully support these efforts.

The Task Force believes that the current proctored "high-stakes" ABFM exam, as a mandatory requirement in the only (for many) viable pathway to maintain continuing board certification, is an outdated model that does not serve patients or Diplomates well. The continued emphasis on this method of assessment negatively affects AAFP members' views of ABFM Family Medicine Certification and other ABFM programs such as PRIME and may even negatively affect members' perceptions of the AAFP and the specialty of Family Medicine. The AAFP should be clear with members and other stakeholders that it does not believe the high-stakes exam is the most effective, or should be the most prevalent, means to maintain certification.

The Task Force does not believe that having a more rigorous, burdensome form of board certification for family physicians compared with all other specialties is in the best interests of family physicians or the patients they serve. Family physicians already have substantially increased demands placed on them from requirements of EHRs, prior authorizations, and other administrative burdens. Other certifying boards are currently finding innovative and less onerous methods of continuing board certification, a trend from which family medicine could benefit. The AAFP should encourage the ABFM not to lag behind this innovation trend in certification. Several other certifying boards are moving towards alternatives to the proctored, high-stakes exam. The AAFP encourages the ABFM to pursue longitudinal or personalized approaches as alternatives for knowledge assessment. The AAFP encourages the ABFM to offer several options from which Diplomates may choose.

The Task Force also recognizes that optimal learning styles differ, with some physicians preferring to sit for an exam every 10 years and others preferring to complete KSAs quarterly or to utilize other available methods. Family physicians should have a range of assessment options that best fit their practices, and it is important that the AAFP assist the ABFM in understanding and creating options to address this need.

In furtherance of its work, the Task Force has developed several recommendations for consideration by the AAFP Board of Directors and Congress of Delegates.

During the meeting of the AAFP Board of Directors April 23-26, 2018, the following actions were approved.

Action 1

That the AAFP adopt the proposed new policy titled "Professional Self-Regulation, Competence, and Certification" that was drafted by the Commission on Continuing Professional Development (COCPD) in 2017 and further refined by this Task Force. (See Attachment 1).

> *This new policy complements existing AAFP policy which provides AAFP's definitions of certification and maintenance of certification, but does not convey the AAFP's views about the role of continuing board certification in the context of other professional*

activities in which physicians engage, such as continuing professional development or quality performance measurement and improvement activities undertaken in the workplace.

Action 2

That the AAFP adopt the proposed new guidelines titled "Guiding Principles for the Evaluation of Family Medicine Specialty Certifying Boards" that were drafted by the Commission on Continuing Professional Development (COCPD) in 2017 and further refined by this Task Force. (See Attachment 2).

These guidelines address issues that many physicians think are important, particularly transparency. Trends in certification suggest that there will be more certifying agencies. (Family physicians currently have a choice of four different certifying bodies.) The document outlines some attributes to consider in evaluating a certifying body.

Action 3

That the AAFP begin preliminary evaluation and background for the establishment of a certifying body that would address the needs of our members.

Considerations would include that such a board may be independent of and have separate governance from the AAFP. AAFP membership would not be required for board certification through this new entity, nor would such entity's board certification be required for AAFP membership. Use of resources such as the International Organization for Standardization (ISO) should be considered. As an element of the discovery phase in this initiative, existing certifying entities should be considered as potential partners with the College of Family Physicians of Canada and the American Osteopathic Board of Family Physicians in consideration for example.

Action 4

That the AAFP identify additional ways to communicate members' concerns regarding continuing board certification.

As the predominant member organization for Family Physicians, it is the AAFP's task to provide unbiased opportunities for soliciting opinions on this important issue. The Task Force is concerned about the soundness and statistical strength of the methods employed by the ABFM in its Diplomate survey questions at the end of certification activities. The AAFP may wish to, for example, facilitate a grassroots member/Diplomate campaign to convey to the ABFM family physicians' priorities for improvement of the ABFM's Family Medicine Certification process. The AAFP will closely monitor the activity and recommendations of the "Continuing Board Certification: Vision for the Future" initiative to inform the ABMS member boards regarding improving the continuing board certification process. The AAFP may also wish to partner with other family medicine organizations to advocate for desired improvements in continuing board certification.

Action 5

That the AAFP and ABFM work together to recognize that physicians and patients are key stakeholders in the certification process. The common vision should minimize physician burden, improve quality of care, and further the specialty of family medicine. This collaborative work will include discussions about improvements to the continuing board certification process (including alternatives to the proctored exam) as well as AAFP sponsored CME that would qualify for continuing board certification.

> *Other certifying specialty boards work closely with their corresponding societies to utilize common materials and to share common goals. Ultimately, the ABFM and the AAFP have the health of the public as their primary concern. It is clear, however, that the health of Family Physicians is a necessary consideration when determining the best means for continuing board certification.*

Attachments:

1. Board approved policy: Professional Self-Regulation, Competence and Certification.
2. Board approved policy: Guiding Principles for the Evaluation of Family Medicine Specialty Certifying Boards.

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