Certification and Recertification: Where Will It End?

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In the Sept 1, 2004, issue of *JAMA*, the *Journal of the American Medical Association*, there appeared an article entitled, "The Role of Physician Specialty Board Certification Status in the Quality Movement,"[1] by Troyen A. Brennan, M.D., J.D., M.P.H., and five co-authors. Dr. Brennan was listed as the corresponding author, with an address at Brigham & Women's Hospital in Boston. All six authors were described as having an "affiliation" with the American Board of Internal Medicine (ABIM) in Philadelphia. The other affiliations listed were Brigham & Women's Hospital and Case Western Reserve University. No financial disclosure of conflict of interest or disclaimer was published with the article.

The article, described as a "Special Communication," discussed and defended the process, already underway, to expand current board certification into a "continuous" process of certifying individual physicians, described as "maintenance of certification." The article stated: "The ABMS [American Board of Medical Specialties] continues to work on behalf of its ambitious agenda to improve physician quality through its maintenance of certification program. Reasonable empirical evidence suggests that certification and maintenance of certification programs will improve quality, and more research is underway."

The authors argue that board certification, and even recertification, are not enough regulation and oversight of practicing physicians. They cite a Gallup poll of the public, commissioned by the ABIM. The poll's cost was not disclosed, and its full contents not published in the article. (They can be found at www.abim.org.) According to the poll, when the public is asked, "Should doctors be required to be board-certified?" 98 percent say yes, and only 2 percent say no.

My own experience makes me highly skeptical of the Gallup poll's validity, and of the authors' conclusions. I am a board-certified/recertified orthopedic surgeon who has been in continuous private (nonacademic) practice at the same location in a suburban setting in a major metropolitan area for 18 years. During that time I have treated thousands of patients in my office, and have operated upon many hundreds of patients, who come from urban, suburban, and rural areas. My patients have exhibited very little interest in my board certification and recertification. My surgical colleagues report similar experience.

Polls of the public can be manipulated to yield predetermined results, based on how the questions are phrased. After the article by Brennan et al. appeared, *JAMA* subsequently published letters to the editor about it, in the Dec 22/29, 2004, issue. Todd Lang, M.D., of Cottonwood, Arizona, wrote, "More compelling would be an open-ended request that patients list things that are important to them in a physician, without specifically mentioning board certification. It may well be that most patients care far more about bedside manner, wait times, or ease of scheduling."[2]

JAMA declined to publish a letter requesting full disclosure of the financial compensation received by Brennan and coauthors for their "affiliation" with the ABIM, although in the "Reply to the Letters to the Editor" published by *JAMA*, Dr. Brennan was no longer listed as a corresponding author with an address at Brigham & Women's Hospital in Boston, but instead was listed: "Troyen A. Brennan, M.D., tabrennan@partners.org, American Board of Internal Medicine, Philadelphia, Pa."

Consider the financial disclosure published by *JAMA* at the end of other articles. In the Dec 1, 2004, issue, several articles were published concerning adverse drug reactions to Cerivastatin, manufactured by Bayer Corp. The financial disclosures and disclaimers published with the articles properly pointed out that attorneys had retained the authors as experts in cases related to alleged complications from use of the drug.

In another example, the Dec 15, 2004, *JAMA* carried an article on the use of a new interferon drug for the treatment of hepatitis C, and with the article came an extensive financial disclosure statement about the many authors, citing research grants and travel expenses that they had received from private pharmaceutical companies.

The specialty boards claim they exist to serve the public interest. Is it too impolite to suggest, as Dr. Robert Nirschl once said, that they are also political bureaucracies with a stake in the testing?

Nowhere in the article by Brennan et al. was any estimate provided of the cost in time and money to physicians for the expanded oversight and regulation the authors advocated on behalf of the ABMS. In arranging for yet another round of recertification in orthopedic surgery, in the present format of a certificate valid for 10 years, I paid $2,200 to the American Board of Orthopaedic Surgery (ABOS) in 2004, for the privilege of taking the recertifying examination in 2005. I anticipate additional expenses for ABOS review courses, as well as time away from the office for exam preparation.

According to a Sept 27, 2004, article in the AMA newspaper *American Medical News*,[3] the recertification cost is now $1,045 for the ABIM, and $1,400 for the American Board of Family Practice. Nevertheless, the article ended with the following paragraph, citing the Brennan article: "A new study in the Sept. 1 *Journal of the American Medical Association* said board certification is an important part of the quality movement. The study said maintenance of certification is highly valued by the public, and most patients claimed they would change doctors if their physicians failed to maintain certification."

A subsequent article appeared in *American Medical News* on Dec 13, 2004,[4] reporting on concern expressed by delegates to the American Academy of Family Physicians about the new maintenance of certification program. For example, the immediate past president of the Indiana Academy of Family Physicians called the program unreasonable. According to the article, the AMA supports the concept of voluntary recertification, but opposes recertification as a condition of employment. (At least for the ABOS, the AMA nominates one-third of the directors of the Board.)

The problem is that in many areas of the country, board certification has become a de facto requirement to practice medicine, in order to obtain both hospital privileges and access to private health insurance plans. Although the various boards are private corporations, they are gradually expanding their authority into a "public-private partnership" that regulates the medical profession. To quote Brennan et al.: "Each ABMS member board has agreed to design methods to meet these requirements by instituting maintenance of certification programs that will be continuous in nature and include periodic cognitive examinations, as well as components focused on clinical practice assessment and quality improvement."

Brennan et al. continue: "The ABMS member boards' measures of performance in practice … are intended to demonstrate and improve the extent to which a physician practices within established national guidelines." Although Brennan et al. describe maintenance of certification as "self-regulation by the profession," they state, "Regulation by the profession and other organizations can be synergistic." In other words, a physician might have 20 years of clinical experience, but if he deviates from established national guidelines (whose?), then he will likely lose his board certification, and then other authorities can use that loss to remove the physician from medical practice.

The President of the American Academy of Orthopaedic Surgeons (AAOS), which supplies one-third of the directors of the ABOS, has written approvingly that the new maintenance of certification process in orthopedic surgery will require continuing medical education with courses in "patient safety, professionalism, ethics, cultural competency, and communication."[5] Examinations by the AAOS will follow the courses. Why? "The US government might intervene if we fail to set these new standards," he claims. Already, there is evidence that the content of board exams is influenced by political pressure. The summer 2004 newsletter of the Reflex Sympathetic Dystrophy Syndrome Association boasts that there will be three questions about RSD in the upcoming recertification exam for orthopedic surgeons.

Like most practicing physicians in the United States, my practice is already under intense, continuous scrutiny by patients, families of patients, attorneys, hospitals, insurance companies, and state licensing boards. Current board certification and recertification may have some value, but I doubt the unproven hypothesis that increased or continuous ABOS oversight of my practice will increase the quality of care my patients receive. On the contrary, by piling yet another unfunded mandate on the backs of working physicians, overzealous regulators may drive some of us out of practice, aggravating the overcrowding in hospital emergency departments, and depriving some Americans of any medical care, certified or not.

Meanwhile, as forces intensify to drive private physicians out of practice, we are now witnessing a proliferation of nurse practitioners and physician assistants. Inevitably, I suppose, market forces are irresistible, and this proliferation of ancillary healthcare personnel represents an attempt to compensate for the inability of third-party-dependent physicians to keep up with increased workloads–to the detriment of individual patients.

The ABIM's Gallup poll went to great lengths to establish that the public is interested in assuring that doctors are board-certified; but it was strangely silent about whether or not the public would prefer evaluation and treatment by physicians, rather than assistants, for urgent problems and emergencies.

There may be a parallel here. About 20 years ago, the authorities in nursing apparently decided that the best way to enhance RNs' prestige and pay was to require every new one to obtain a bachelors degree in nursing. Nursing diploma programs, affiliated only with hospitals and not colleges and universities, were eliminated. [Disclosure: my wife has an RN diploma without a college degree.] Do you think the hospitals responded by increasing salaries, acknowledging increased "quality of care," for newly hired nurses, simply because nurses now held bachelors degrees instead of just a simple RN diploma? Hardly. Hospitals simply eliminated positions of nurses and replaced them with "patient care technicians." The same process now seems to be occurring for physicians, with NPs and PAs gradually replacing doctors in hospitals, offices, and clinics–especially doctors who are not board-certified.

The same standards that require ever-increasing "proof" of "competence" and "quality of care"–often with a circular definition of "quality"–should be applied to the ever-expanding movement toward more certification, recertification, and adoption of "evidence-based" guidelines.

Polls commissioned by those who stand to gain, by forcing physicians into continuous certification/maintenance of certification, are a poor substitute for "evidence" of a causal relation between maintenance of certification, "evidence-based guidelines," and "quality of care."

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REFERENCES

1. Brennan TA, Horwitz RI, Duff FD, et al. The role of physician specialty board certification status in the quality movement. *JAMA* 2004;292:1038-1043.
2. Lang T. Letter to the editor. *JAMA* 2004;292:2973.
3. Adams D, Triplet T G. Testing…testing. *American Medical News* 2004;(Sept 27):7-8.
4. Adams, D. Board self-assessment modules under fire from family physicians. *American Medical News* 2004;(Dec 13):12.
5. Bucholz RW. Maintaining control of certification/recertification process. *AAOS Bulletin* 2004;(December):51-52.