

AAPS Survey: Physicians Skeptical of Recertification

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ABSTRACT

A survey of 100 randomly selected AAPS members showed that of the 37 who had been recertified, only 11 (30%) thought that going through the process had improved their performance as a physician, and only 8 (22%) would voluntarily do it again. When referring a patient to another physician, 74 considered the physician's recertification status to be unimportant. Only 8 thought that recertification should be mandatory for relicensure. A number of respondents submitted comments, often expressing concern about abuse of the process for an agenda unrelated to improving patient care.

Method

From a list of active, full dues-paying physician members of AAPS, who had been members for at least two years, 100 randomly selected physicians were sent the questionnaire in Box 1, with a self-addressed stamped envelope. Approximately 70% returned the questionnaire promptly. The others received a second letter, and nonrespondents were contacted by telephone and asked to return the questionnaire by facsimile. After as many as six attempts, a survey was received from 98%. With 98 responses, the margin of error is 10%. One physician in the sample, according to his office, had had to retire suddenly and could not be contacted, and one apparently simply chose not to respond.

Box 1. AAPS Recertification Survey

1. Have you ever been recertified?
 yes no
 - a. If not, why not? (Check all that apply.)
 grandfathered
 not due yet
 felt it was too costly
 felt it was not worthwhile
 failed test
 other (explain)
 - b. If yes, did going through the process improve your performance as a physician?
 yes no
 - c. If yes, would you voluntarily do it again if not required to maintain certification or privileges?
 yes no
2. When referring a patient to another physician, how do you view his recertification status?
 very important; somewhat important; unimportant
3. Do you think that recertification should be mandatory for maintenance of licensure?
 yes no

Results

Of the respondents, 37 had been recertified at least once, and 60 had not been recertified. Reasons for not being recertified were: being grandfathered, 46 (77%); not due yet, 3 (5%); too costly, 5 (8%); not worthwhile, 8 (13%); failed test, 0 (0%); other, 11 (18%). Responses add up to 114% as more than one response was permitted.

"Other" reasons included expense; dislike of an "authoritarian system"; unfair initial process, in which 38.6% of the applicants were arbitrarily flunked, partly owing to bias of one examiner; and a belief that recertification is "a poor method of determining clinical competence in the real setting of patient care."

Of those who had been recertified, 11 (30%) thought that it had improved their performance as a physician, and 26 (70%) that it had not. Only 8 (22%) would voluntarily go through the process again.

When referring to another physician, 4 respondents considered recertification status "very important"; 17 considered it "somewhat important"; and 74 considered it "unimportant."

Only 8 respondents said that they thought recertification should be made mandatory for licensure, and 85 that it should not.

A number of lengthy comments were submitted. Representative remarks included these:

"A large portion of questions were irrelevant, and none had to do with my everyday practice.... Minutiae were the subject matter. I vehemently disagreed with a series of questions related to the discontinuation of anticoagulants prior to dermatologic surgery."

"It is a money-making effort for those that administer prep courses, tests, etc."

"Certification is required for any possible legal defense, if one should be needed. These 'planners' have us painted into a corner. I'd do it again to externally demonstrate that I can."

"Although I don't think the process helped me personally, I think many, if not most, physicians improve their performance because of it."

"I disagree with most of what is considered 'standard of care' as it is driven by big pharmacies and third parties. This has crept into the certification standards."

"Continuing medical education is wonderful; ... [it] can be done without recertification."

"I believe there is great value in external standards.... Patients need to know that peer review standards by physicians (not governmental algorithms) have value for their care."

"Recertification is scientifically meaningless. It is bureaucratic harassment. Our leaders have demonstrated cowardice [and] political correctness... in fostering it."

"Recert is a waste of time, energy, and money."

“Continuous self-improvement... cannot be taught.”

“Recert currently is a joke. It assesses nothing more than the ability to guess about trivia. In my opinion, it is a scam to make money for people who write, teach, and administer [the exams].”

“[It’s] just one more device for excluding physicians arbitrarily from optimal access to patients.”

“Recert should be mandatory in some form (e.g. continuing medical education), but I find MOC time-consuming, expensive, intrusive, and demeaning. I have cancelled my membership in AAFP because they didn’t represent my views on this.... Who gave the American Board of Medical Specialties this authority in the first place?”

“I do not buy any ‘protection of the public from charlatans’ scenario. That’s an excuse physicians have bought....”

“I do not think recert is a measure of clinical aptitude, but rather of theoretical knowledge that frequently has no practical application in daily patient care....”

“A piece of paper does not signify any competence whatsoever. It does signify a huge cost in time to the physician, his staff, and ultimately his patients. Additionally, the FP Board generates huge profits from the sale of CME, self-study modules, etc. Thus, recertification is a con and a financial rip off.”

“I was blocked from getting the vascular surgery board for political reasons, but not having it saved me more than \$30,000.”

“I have chosen to concentrate on certain aspects of ophthalmology only. There is no reason for me to spend time relearning material I will not use when I have a hard enough time keeping up with areas that I have chosen.”

“Recertification tests are written by those whose concept of useful knowledge is untethered to the actual practice of medicine....”

“I see recertification as an attempt at engineering the practice of medicine. Exams created by academics largely funded by drug companies is a clear conflict of interest. Also, note that the ACCME [the Accreditation Council for Continuing Medical Education] has an eight-figure yearly budget. Their requirements for recertification are quickly becoming micromanagement. The members comprising the ACCME are a who’s who of potential ‘medical engineers’ creating medicine in their desired image.”

“Recertification is not necessarily bad; it does give one some incentive to study.... I am concerned that more is being piled on, such as the family practice self-assessment modules, which are increasingly esoteric.... What could be just someone’s opinion on how to do something, or even political correctness, could enter into licensure.”

Discussion

There is increasing pressure to require physicians to undergo more intensive periodic scrutiny from regulatory authorities.¹ Specialty societies are positioning themselves as the experts who should set the standards. There is no actual evidence to show that patient outcomes are improved by imposing still more requirements on physicians, particularly any net gains that compensate for lost time, decreased access to care, and increased costs. The expressed concern for “protection of the public” is, however, politically appealing.

To the best of our knowledge, this survey is the first of its kind to poll physicians about their opinion of recertification. While physicians should be dedicated to lifelong learning, they are not, as independent professionals, necessarily receptive to external imposition of standards by self-appointed authorities. If they are competent to advise patients about life-threatening conditions, then, logically speaking, they ought to be able to evaluate prescribed courses of learning. The views of specialty societies do not necessarily represent those of their members.

While our survey respondents apparently appreciate the need for ongoing study, only a small minority support mandatory recertification. Most think that the current process does not provide a good measure of clinical competence, and many believe it to be flawed by conflicts of interest and political agendas. It may also be used as a way to enforce certain clinical protocols and suppress innovative or dissident views.

While some of the responses are colored by an expressed ideological rejection of governmental intrusion into the practice of medicine, others explicitly noted that they do not share that view. Most of the comments, which are posted on www.aapsonline.org/surveyrecert, focus on the recertification process itself.

The study surveyed only active members of AAPS. The 2-year membership requirement was set to improve response rate, as these members had given evidence that they open their mail from AAPS, including at least one renewal statement. Considering that 46 respondents reported being grandfathered, and others may have chosen to be recertified even though grandfathered, the average age of the surveyed population was probably older than the average for all practicing physicians. Thus, the surveyed population may differ in significant respects from the total population of American physicians.

Other associations should be encouraged to survey their own members, especially before taking a stand on the issue of recertification, and a survey of a randomly selected sample of all practicing physicians would be desirable. The results of our survey show, at a minimum, that support of physicians for recertification cannot be assumed.

Conclusion

In the view of the majority of physicians belonging to AAPS, recertification as currently performed is not a good measure of clinical competence. Only a minority believe it to be of sufficient value that they would participate if it were fully voluntary. Conflicts of interest, examiners’ biased opinions on treatment, and political agendas were pointed out as flaws in the process.

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REFERENCES

- ¹ Orient JM. White paper in opposition to Federation of State Medical Boards (FSMB) proposal on maintenance of licensure. *J Am Phys Surg* 2008;13:23-26.