Perspectives on Gastroenterology Board Certification: Meeting the Challenge to Keep Current

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By the time I completed internal medicine residency training in the mid-1980s, my career path was already set in motion to become a gastroenterologist, thanks to the inspiration of a mentor during medical school. When I passed my boards in gastroenterology, I joined a distinguished, ever-growing cohort of internal medicine subspecialists. Gastroenterology was one of the first areas designated for subspecialty certification by the American Board of Internal Medicine (ABIM). Since 1941, more than 14,250 internists have become ABIM board certified in gastroenterology, including more than 3,600 in the last 10 years.[1]

So what did board certification mean for me when I certified back in 1989, and what does it mean for me and our profession today? Board certification was part of the natural landscape; the culmination of progressive steps toward completing medical education. Achieving certification meant that you had the core knowledge needed to practice gastroenterology. I recall how rigorously I needed to prepare for the exam. While this was difficult, the experience helped me to cement the knowledge that I had accumulated during fellowship. I was able to connect the concepts I learned in a much more comprehensive way. When I passed the exam, I felt as though I had "really learned," and this was very satisfying.

Once I began to practice medicine, I concentrated on honing my clinical skills in consultation, diagnosis and treatment. But without a mechanism for periodic study and review, I felt that my core knowledge in the field was actually decreasing and that there were gaps I needed to fill. As our field was advancing technologically at an increasingly rapid rate, I began asking myself if I still was up to date in the latest innovations in diagnosis and treatment to deliver the best care for my patients and the best training for fellows. I sensed that I was not where I needed to be.

In the meantime, internists and subspecialists who had certified beginning in 1990 — including gastroenterologists — were required to enroll in ABIM's Maintenance of Certification (MOC) program to renew their time-limited 10-year certification. MOC appeared to offer the structure I needed to refocus on my knowledge. So I enrolled, even though I had a lifetime certificate and MOC wasn't required of me. (Note: As a member of the ABIM board of directors, I am required to participate in MOC, but I enrolled in MOC prior to becoming an ABIM director.)

My experience preparing to take the MOC gastroenterology exam was similar to my initial certification. Because I had specialized in pancreatic diseases, I was amazed and a little distraught at how much my knowledge of other disease states had fallen off. (Those of you who specialize in a particular discipline may likely feel the same way.) The process made me a better teacher of fellows and a more knowledgeable physician.

As chair of ABIM's Gastroenterology Subspecialty Board, I strive to make sure the exams we develop represent not only what we routinely see in practice, but what we should be expected to know as practicing gastroenterologists. In addition to the exam and knowledge modules, MOC involves practice self-assessment. I was fortunate to be involved with the physician committee that created ABIM's patient and physician peer assessment module, which was a forerunner of the ABIM PIMs Practice Improvement Modules® that are used by physicians today. The patient surveys gave me tremendous and unexpected knowledge about my practice, and this helped me to implement improvements I had not considered before.

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For me, and for many others I talk to, MOC helped extend the value of certification beyond the initial exam. While the MOC concept was initially challenged by physicians, you rarely hear these objections today. A growing body of research points out that board-certified physicians deliver higher quality care than their non-certified colleagues[2] and that board certification is correlated with better outcomes and more reliable care.[3] Since the advent of "time-limited" certification in 1990, more than 89 percent of certified gastroenterologists have maintained their certification.[4] Many of my colleagues — including those certified before

and after 1990 — who dismissed the idea of having to do MOC, completed the program and acknowledge that it was a worthwhile experience.

MOC also provides a systematic way for gastroenterologists to keep up with rapid advances in our field, which I find particularly valuable. As examples, knowledge and skills are becoming more specialized in areas such as transplant hepatology, IBD and motility, and technology is evolving with many new endoscopic techniques and alternatives.

ABIM continues to focus on how to make MOC more relevant, with options and components that reflect our practice environment and new technologies. Physicians can earn CME credits after completing self-assessment activities and can report PIM completion to participating health plans, which reduces reporting redundancy. Professional societies, including AGA, have developed medical knowledge self-assessments that count for MOC credit, and are exploring the creation of additional options. (Learn more about the AGA options at **www.gastro.org/GISAM.**)

Because activities such as completing PIMs are now common in fellowship training, physicians understand earlier that certification is more than a one-time event. I try to reassure them that although it is demanding, it isn't daunting, and that adequate preparation is the key to success. Board certification is the beginning of a lifetime of continuous learning and improvement that makes a difference for our patients.

For more information about ABIM board certification for gastroenterologists, visit **www.abim.org/specialty/gastro.aspx**.

References

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