

HEALTH POLICY

MAINTENANCE OF CERTIFICATION (MOC) UPDATE AND ABIM SUMMIT REPORT

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This article contains excerpts from the ABIM Summit Report

On May 21, 2018, The American Board of Internal Medicine (ABIM) welcomed 102 attendees from 34 organizations to gather in Philadelphia for the largest Internal Medicine (IM) Summit to date. This meeting was an opportunity for senior leaders of the internal medicine community to assemble and discuss certification and issues affecting the IM community at large. Eric Bass, SGIM president, and Deborah Kwolek, SGIM MOC chair, represented SGIM at the meeting.

Meeting Highlights and Messages for SGIM Members

Dr. Richard Baron, president and CEO of ABIM, began by speaking about the roots of board certification, which originated at a time when false claims of medical expertise were used as a strategy to attract patients and threatened to sully the reputation of the medical community. He noted that “doctors get their authority not as individuals, but as members of a community that has collectively validated their credentials.” It was stressed that ABIM has been enhancing its programs in response to member feedback, and is committed to making the assessment options and MOC requirements less burdensome for physicians.

Currently, the Maintenance of Certification (MOC) program requires that physicians earn some MOC points every two years to be reported as participating in MOC. To be reported as certified, physicians must earn 100 points every five years, 20 of which must be medical knowledge (the points earned every two years count toward the 100 points) and meet the MOC assessment requirement through either the traditional 10-year exam or the 2 Year Knowledge Check-In option.

The ABIM portal should be used by physicians to check if assessments, or MOC requirements, are due by December 31st of this year, and to plan for 2019. Many physicians are coming up on their first five-year MOC program requirement and will need to have earned 100 points by the end of the year to remain certified.

- If an assessment or MOC points are due by the end of the year, check the physician portal to register as soon as possible and view MOC options: www.abim.org/

[maintenance-of-certification/earning-points.aspx](#)

- Many activities now supply both CME and MOC for the same activity-including the SGIM annual meeting!
- UpToDate now provides both CME and MOC credit. Physicians should log in to their account when accessing UpToDate throughout the work-week to accumulate points.
- Knowledge assessment modules, including: Update in Internal Medicine, Update in Hospital Medicine and Caring for the Underserved, each worth 10 MOC points, are available on the ABIM Web site at no cost to those enrolled in the MOC program.

MOC Assessment Choice Options: Increased Flexibility

Diplomates may choose between the traditional 10-year exam or an every 2-year Knowledge Check-In. Doctors can switch between these two options, are encouraged to try the Knowledge Check-In, and can easily go back to the 10-year exam if that works better for the individual.

- Physicians can take and fail the Knowledge Check-In, even multiple times, without having to take the 10-year exam if it has been less than 10 years since they last passed the MOC exam.
- The popularity of the 2-year Knowledge Check-In option is growing and taking the assessment counts as a 20 point MOC activity.
- Knowledge Check-ins and 10-year MOC exams now offer access to UpToDate during the exams.
- Physicians can take the Knowledge Check-In and the traditional 10-year MOC exam in the same year and will earn 20 MOC points for each attempt.

“Why Incompetence Fails to Recognize Itself”: A Special Session Presentation on the Value of Summative Assessment

Dr. David Dunning, professor of psychology at the University of Michigan, presented about the psychology behind continuing education and self-assessment.

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At the outset of his presentation entitled “Why Incompetence Fails to Recognize Itself,” Dr. Dunning asked the physicians in the room to think about their communities, and whether they know clinicians to whom they would not send their family. Next, Dr. Dunning introduced the audience to his research, which explores how people’s perceptions of themselves don’t align with reality. He summarized significant studies in the field to illustrate that there tends to be no correlation between what we know and what we think we know.

The effect of overestimating knowledge and abilities persists even when research subjects are offered money to assess themselves accurately. Dr. Dunning explained the most lauded of his own research findings, which quantifies the ignorance of the lowest performers, and is known as the *Dunning-Kruger Effect*: people believe they are performing in the 50-60th percentile but are in fact hovering around the 12th. In other words, Dr. Dunning continued, “people who are incompetent or poor performers don’t know how badly they are performing; if they did, they would ask for help. The knowledge and intelligence that are required to be good at a task are often the same qualities needed to recognize that one is not good at that task—and if one lacks such knowledge and intelligence, one remains ignorant that one is not good at that task.”

Overconfidence peaks a few years after the completion of residency, when physicians may overestimate their skills, and not ask for help. With increasing experience, most physicians realize that their knowledge is limited

and will ask for help via consultations more readily. While we can make every effort to be as impartial and honest as we can, Dr. Dunning explained, we simply cannot see how much we do not know, and ego will keep us stuck in the Dunning-Kruger Effect. He concluded by showing data to demonstrate that on top of the low correlation between perception and reality in self-assessment, people tend to seek improvement for their strengths, not their weaknesses. People study what interests them most.

Dr. Graham McMahon, president and CEO of the Accreditation Council on Continuing Medical Education, built on Dr. Dunning’s data discussion by encouraging the audience to think about how continuing education models should be designed to spark engagement, improvement, and change. He challenged medical society representatives to consider that a physician might be at the annual meeting but not actually learning; rather, the physician must be engaged with immediately relevant material that is delivered efficiently by a trusted source. He noted that “information is no longer our currency in education; the currency now is skills, problem-solving and performance management, because I can look up the guidelines faster than you can tell them to me.”

Per Dr. McMahon, this engagement becomes even more challenging when physicians are burned out, have trouble assessing their own deficits, and lack a curriculum for their unique practice type and learning needs. The key issue for medical societies is evolving into an educational home for physicians, creating competency expectations,

capitalizing on others’ assessments and supporting quality improvement. His model for continuing education moves away from the concept of attending one session to hear information and toward a system where boards and societies share responsibilities for establishing and assessing a competency framework.

At the conclusion of the Summit, Dr. Patricia Conolly, secretary of the ABIM Board of Directors, opined, “Underneath is the reality that no one is very good at self-assessment, which won’t serve our patients in the way they should be served. As medicine changes and we adapt, unlearning the old is very much a part of keeping up, and that needs to be rolled into how we stay current. Our duty is to ensure that physicians who know how to deliver care are leading the way in determining what it means to do that well.”

In conclusion, MOC requirements and assessments to maintain certification are here to stay, and continue to evolve in response to physician feedback. SGIM will continue to work to provide members with quality continuous learning through the annual meetings and publications. Members are encouraged to visit the ABIM Web site to check the status of their MOC and assessment requirements and contact ABIM with any questions.

References

American Board of Internal Medicine. Internal Medicine Summit Summary, May 21, 2018, Philadelphia, PA. http://blog.abim.org/wp-content/uploads/2018/07/IM-Summit-Summary-May-2018_WEB-VERSION.pdf. Accessed October 4, 2018.

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