

MAINTENANCE OF CERTIFICATION FOR PEDIATRIC SUBSPECIALISTS (PMCP-S™)

James A. Stockman III, MD, President
Paul V. Miles, MD, Vice President, Quality Improvement
Hazen P. Ham, PhD, Director of Recertification Programs

Introduction

The American Board of Pediatrics (ABP) has initiated a new process of recertification called Maintenance of Certification. Maintenance of certification embraces a different philosophical premise than that of traditional recertification. The traditional recertification process focused on only one area of physician competence – knowledge of the subspecialty, and assessed that knowledge only periodically, eg, once every seven years. Maintenance of certification recognizes that there are several essential competencies¹ involved in delivering quality care that extend beyond medical knowledge, and these competencies should be developed throughout one's career. The new maintenance of certification process is designed to evaluate, on a *continual* basis, the general competencies deemed necessary for pediatric subspecialists to deliver quality care with an emphasis on continual *learning* and *practice improvement*.

The Maintenance of Certification Model

The American Board of Medical Specialties (ABMS; www.abms.org), the umbrella organization for the 24 medical subspecialty boards, is responsible for the shift from traditional recertification to maintenance of certification. A task force of the ABMS used the framework of general competencies to develop a four-part model of maintenance of certification. The ABMS member boards have endorsed and accepted this model, and have unanimously agreed to establish maintenance of certification programs in the near future. The four parts of the model are:

- Part One: Evidence of professional standing
- Part Two: Evidence of lifelong learning and periodic self-assessment
- Part Three: Evidence of cognitive expertise
- Part Four: Evidence of satisfactory performance in practice.

Within this overall framework, individual ABMS boards will name their maintenance of certification programs to reflect their specific approach to the process. For pediatrics, the maintenance of certification program is known as the Program for Maintenance of Certification in Pediatrics™ (PMCP™).

There are two variations of PMCP: 1) PMCP-G™ - the process that general pediatricians will use to renew certification and 2) PMCP-S™ - the process that pediatric subspecialists will use.

The Vision

The vision of the ABP is to ensure that pediatricians, "...possess the knowledge, skills, and experience requisite to the provision of high-quality care in pediatrics." The purpose of PMCP-S is directly in line with this vision – to create a process that enables diplomates to provide evidence to the public that the quality of their care is maintained over the course of their careers. This evidence is marshaled over the course of the certification cycle (ie, seven years) by completing activities that are related to each of the four parts of the maintenance of certification model. All of these activities are designed to lead to improved pediatric care and to enhance professional development throughout one's career.

The Focus on Improvement

PMCP-S will include quality improvement activities that were not a part of the ABP's prior recertification process. This emphasis on quality improvement represents a responsible shift on the part of the ABP

from the traditional “inspection” model to an “improvement” model. Traditional recertification programs focused on setting a minimum standard below which a physician was considered inadequately prepared to deliver quality care. While PMCP-S will continue to set a standard for medical knowledge and professionalism, subspecialists will also be asked to demonstrate that they can assess and improve the quality of the care they deliver. They will not be scored on their performance on these activities nor will standards be set for individual clinical performance. The standard will be the *active participation* in a valid process of assessment and improvement of quality of care that should lead to improved patient outcomes.

Requirements for Maintenance of Certification in Pediatric Subspecialties

Following is a brief description of the activities required for the four parts of PMCP-S. A detailed description of these requirements is on the ABP’s Web site (www.abp.org).

Part One: Evidence of Professional Standing. This part will require a valid, unrestricted license to practice medicine in all states in which a physician holds a license. This licensure requirement will be continuous, meaning that ABP certification may be withdrawn if the license is revoked or suspended at any time.

Part Two: Evidence of Lifelong Learning and Periodic Self-assessment. Participants will be required to complete a self-assessment that attests to their continued involvement in lifelong learning. Each of the ABP subboards will develop literature-based self-assessments that will address current advances in the subspecialty. These self-assessments will not necessarily assist one in preparing for the examination. We anticipate that other organizations, such as subspecialty societies, will develop self-assessment activities that will target examination preparation. Subspecialists may complete the assessment developed by their subboard or they may complete one developed by an external entity (eg, a society) that is more focused on examination preparation. Approved self-assessment programs will be posted on the ABP’s Web site.

Part Three: Evidence of Cognitive Expertise. This activity will consist of a secure, closed-book examination administered in a half-day period at computer testing centers throughout the United States and abroad. The examination will be available six days each week for two months each year (mid-March through mid-April and mid-October through mid-November). The examination will focus on content related to the daily practice of the subspecialist and does not focus on issues that typically would require the use of reference materials.

Part Four: Evidence of Satisfactory Performance in Practice. This part of the PMCP program is currently receiving a great deal of attention by subspecialty groups. We expect it to contain components similar to PMCP-G that will specifically address quality improvement issues for pediatric subspecialists.

There will be two components to Part Four:

Component A: Peer and patient surveys will be used to solicit information about such competencies as interpersonal communications skills and professionalism. All peer and patient feedback will be anonymous. Feedback will be presented in an aggregate manner so as to offer diplomates the opportunity for self-reflection about how they compare on these competencies

relative to other subspecialists and how they might improve their skills and behaviors in order to improve patient care. There will be no minimum standard for this activity.

Component B: This portion of Part Four will contain activities designed to address quality improvement strategies that should ultimately result in improved care for children; activities will permit subspecialists to assess the quality of care being provided by themselves and/or the team in which they practice. For instance, one idea that is currently being considered is an Internet-based system that allows one to input anonymous information from actual patient charts, which will generate feedback on quality of care relative to current standards. This activity guides the physician through a full improvement cycle exercise including a follow-up assessment (eg, the AAP's eQIPP program [www.eqipp.org]).

The Board is working with various groups of subspecialists representing societies, sections of the American Academy of Pediatrics (AAP), and the ABP subboards, as well as quality improvement experts at the National Initiative for Children's Healthcare Quality, to develop a meaningful program that will be beneficial to subspecialists and their patients. It will be necessary for each subspecialty to have in place an activity for this part of the PMCP-S process within the next few years. The details of our progress on this portion of the PMCP-S process will be communicated to subspecialists as they become available.

Maintaining General Pediatrics and Subspecialty Certification

Subspecialists are NOT required to maintain their general pediatrics certificate in order to maintain their subspecialty certificate. However, if subspecialists wish to maintain both certificates, they may do so at a reduced cost; some reciprocity will be built into the two programs to alleviate redundancy across programs. The following table reflects how this reciprocity may work.

PMCP-G	<i>Reciprocity</i>	PMCP-S
Part 1: Professional Standing <ul style="list-style-type: none"> ▪ Medical license 	↔	Part 1: Professional Standing <ul style="list-style-type: none"> ▪ Medical License
Part 2: Lifelong Learning and Self-assessment <ul style="list-style-type: none"> ▪ Knowledge Self-assessment ▪ Decision Skills Self-assessment 	← none	Part 2: Lifelong Learning and Self-assessment <ul style="list-style-type: none"> ▪ Knowledge Self-assessment
Part 3: Cognitive Expertise <ul style="list-style-type: none"> ▪ PMCP-G Examination 	none	Part 3: Cognitive Expertise <ul style="list-style-type: none"> ▪ PMCP-S Examination
Part 4: Performance in Practice <ul style="list-style-type: none"> ▪ Peer & Patient Surveys ▪ Performance in Practice Activity 	↔ ↔	Part 4: Performance in Practice <ul style="list-style-type: none"> ▪ Peer & Patient Surveys ▪ Performance in Practice Activity

NOTE: The arrows indicate the direction of reciprocity. For example, when the ABP verifies a medical license for Part One in either program, the diplomate will receive credit for that activity in the other program. The same holds true for the Part Four activities. For instance, if a diplomate completes the Performance in Practice activity for PMCP-S, he/she

will automatically receive credit for this requirement in PCMP-G. However, reciprocity works only in one direction for the Knowledge Self-assessment required in Part Two; diplomates will receive credit for this activity only for PMCP-G if they complete it for PMCP-S. There is no reciprocity for the examination because the ABP believes that evidence of maintaining the broad-based knowledge content of both fields must be provided at the time of testing in order to be certified in both fields.

Timing

The PMCP-S program became effective in early January 2003. There is a phase-in period that will permit the ABP and other entities that are working on this initiative adequate time to develop and implement all of the components. Therefore, during the phase-in period (2003 through 2009), only certain activities will be required; required activities are directly linked to the expiration date of an individual's certificate. Specifically, if a certificate is dated to expire **prior** to 2010, then only Parts One (medical license) and Three (examination) need be completed in order to renew the certificate. For those holding certificates dated to expire in 2010 or beyond, all four parts of the program must be completed prior to the expiration date of the certificate in order to successfully renew the certificate. The following table illustrates this phase-in process.

CERTIFICATE EXPIRATION DATE	ACTIVITIES REQUIRED TO RENEW A SUBSPECIALTY CERTIFICATE
2003 2004 2005 2006 2007 2008 2009	For certificates with expiration dates of 2003 thru 2009 , Part One (medical license) and Part Three (examination) activities must be completed before the certificate expires in order to renew certification.
2010 2011 2012 2013 2014 2015 and beyond...	For certificates with expiration dates of 2010 and beyond , ALL PMCP activities must be completed in order to renew certification.

IMPORTANT: Beginning **January 1, 2010**, anyone seeking certificate renewal with the ABP is required to complete all PMCP activities.

The Development Process

The development process for PMCP-S is well underway and will continue over the next few years. The ABP is seeking input from the AAP, subspecialty societies, and various other subspecialty groups to create the details of PMCP-S. This collaborative approach will ensure that PMCP-S does not evolve into more "hoops" to jump through, but rather becomes a meaningful part of a subspecialist's practice, one that ultimately improves the quality of care for children.

Several types of activities will be available to participants in order to satisfy the four parts of PMCP-S. With the exception of Part Three (the examination), it is expected that all activities may be completed at any time during a seven-year cycle. The examination may only be completed in the last two years of the certification cycle, ie, year six or seven. PMCP-S will involve only one fee, which will be collected at

the time of application for the examination.

Summary

The implementation of PMCP-S will be gradually phased in over a period of several years. The ABP anticipates that all required activities would be available by 2007 or 2008 so that those who are required to complete all parts of the process will have adequate time to do so prior to 2010. As the details are finalized, information regarding the logistics will be provided on the ABP web site and in various publications. The design of PMCP-S will be as straightforward as possible and will be congruent with PMCP-G. The intent of PMCP-S is to allow subspecialists to determine strengths and opportunities for improvement, assess the quality of the care they deliver, and demonstrate improvement in a manner that is not overly time-consuming, burdensome, or redundant.

Questions or comments about the PMCP-S program may be addressed to James A. Stockman III, MD, President, at pmcp@abped.org.

¹The ACGME and the ABMS have endorsed six general competencies, knowledge of the subspecialty being one of them. Following is a paraphrase of the competencies that will be evaluated as part of the maintenance of certification process.

The physician should:

1. Demonstrate skill with procedures and processes of care
2. Communicate effectively with patients and peers
3. Act in a professional manner
4. Incorporate the best available evidence for decision making
5. Demonstrate systematic continuous learning
6. Demonstrate their ability to systematically assess and improve quality of care

For a complete description of the six general competencies see the ACGME Web site (www.acgme.org).