January 10, 2019

To: Christopher Colenda, MD, MPH
    William Scanlon, PhD
    Co-Chairs, Vision Initiative Commission

Dear Dr. Colenda and Dr. Scanlon,

We read the draft report from The Commission with great interest at the American Board of Otolaryngology-Head and Neck Surgery (ABOHNs). The Commission has done a noteworthy job in creating a report that comprehensively addresses many of the complex and challenging issues related to continuing certification as administered by the ABMS Member Boards.

The ABOHNS applauds defining the purpose of continuing certification and emphasizing the design of these programs to align with the purpose. We agree with several of the recommendations and conclusions described in the report. Without being all inclusive, these include:

1) Initial certification and continuing certification are a continuum, rather than being mutually exclusive of each other. As described in the report, “Certification is not akin to a medical diploma….”

2) Abandoning the use of the term “maintenance of certification.” Our Board has already done this.

3) Assessments being practice-relevant while additionally incorporating core material. Our Board’s assessments in continuing certification have always been designed in this way since program inception in 2002, including the part III exam in which our diplomates have eight different practice-focused choices for the exam.

4) Moving toward formative assessments that include timely feedback and dashboards to facilitate identification of knowledge gaps, which we are doing as one of the Boards participating in CertLink. The hard launch for our 2-year pilot began on December 3, 2018.

5) Facilitating data transfer for ease of diplomate burden for reporting activity completion, which we have initiated through collaborations with the ACCME.
6) Working collaboratively with specialty societies. We are currently strengthening and expanding these relationships to maximize the value of our program.

7) Control of continuing certification fees, which we have successfully done even with all the new innovations we are introducing.

The ABOHNS also has a few concerns about the report, which we would like to convey to The Commission:

1) An Executive Summary needs to be included.

2) Please review all the action statements that use the word “must” rather than “should”, “expected”, “recommended”, or “encouraged.” The statements that use the word “must” should not be aspirational. Please be very intentional where this highly prescriptive language is used.

3) What is practical for some boards to adopt/implement might be aspirational for others, particularly for smaller boards with fewer resources. Please keep this in mind with regard to the directive wording used in the recommendations.

4) The recommendation that “Boards are encouraged to include at least one public member...” perhaps should state that “Boards are encouraged to include at least one public member or demonstrate how they incorporate public input into decision-making.” Having a public member does not provide any guarantees that the individual actually represents the public. Particularly when a common priority used to choose a public member is related to a specific competency that improves board functioning (such as someone with a financial background) rather than having a special background or experience that provides assurance that their voice actually is representative of the population that the board serves.

5) Recommendation 14 was confusing, in terms of whether this is addressing that all Boards should have these processes in place, or that the specific details of these processes for all Boards should uniformly be the same. Consistency should be recommended in a manner that is both feasible and realistic to achieve for all the Boards and for ABMS. Consistency in the exact process details is likely not realistic, nor a wanted outcome given the diversity of characteristics of the Boards in so many dimensions. Unless there is clearly one “best practice” that is evidence-based, the individual Boards should have flexibility in the details of these processes with rationale that links back to the specialty-specific standards as determined by the Board. As just one example, a re-entry process might be very different for a surgeon as opposed to an internist.

6) We recognize and appreciate the reasons described for the statement that “all diplomates should be expected to participate in their respective ABMS Boards’ continuing certification programs.” Requiring non-time limited certificate holders to participate would be aspirational and perhaps not realistic. If included in the final report, we recommend that this would be specifically described as an aspirational goal at the end of that paragraph. Regardless of other considerations surrounding this, (1) the expected legal challenges would be fiscally destructive, and (2) the anticipated vigorous opposition would be divisive amongst our diplomate community, causing time/energy distraction away from all the efforts we are doing to improve our programs and potentially impacting specialty unity with our societies.
7) The draft report importantly addresses fees and fiscal responsibility/transparency. In this spirit, the recommendations should include a description of the fiscal impact of implementation. The cost of these recommendations to the Boards, to ABMS, and to diplomate fees, particularly those described as “must”, should be delineated.

8) The expectation from The Commission is described as “the ABMS and member boards, in collaboration with professional organizations, will prioritize the recommendations with the intent that all will be considered and addressed in some way over the next 5 years.” Use of the word “addressed” implies adopted to us. Is that the intent of the report? Or is the intent to be advisory, as our Board was expecting? We recommend using different language or removing the word “addressed” so that the advisory intention of the report is clearly conveyed. Particularly given the stated recognition in the report that some recommendations are aspirational.

The ABOHNS would like to express our gratitude to all members of The Commission for their extensive, important, voluntary work done during the past year. We genuinely appreciate the opportunity to provide feedback for consideration and further discussion. If you have any questions, please do not hesitate to contact us.

Respectfully,

Clough Shelton, MD
President

Brian Nussenbaum, MD, MHCM
Executive Director

David W. Eisele, MD
Chair, Continuing Certification Committee
President-Elect