



Pediatric Boards, Continuing Medical Education, and Maintenance of Certification

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Pediatrics Boards

I was board certified in the last year that the exam was a 2-day test and on paper. I had to get a hotel room to be there the night before so that I would be ready to start taking the test in the morning and then repeat this again the next day. By the time I returned the booklets and the scantrons where I had penciled in my answers, I was exhausted. However, I remember the sense of accomplishment I felt weeks later when I opened the letter indicating that I was “Board Certified” in Pediatrics. To me, board certification marked the end of a chapter but not the end of a long road, since I was in the first year of fellowship at the time and still had one more board exam to take. By the time I was taking my subspecialty boards 4 years later, all I needed to do was drive to a nearby testing center and spend a day on a computer. Logging in to the American Board of Pediatrics website after the email notification and seeing “pass” on the site was finally the end of the long road that began with

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premedical studies and continued through medical school, residency, and fellowship. After almost two decades, I was finally board certified in pediatrics and my subspecialty, and that meant that I had the skills and knowledge necessary to do well by my patients. It is also a great example how much everything had changed in just a few years.

As you can imagine, these were not the only changes, and just like everything else around us, there were many changes happening in the world of board certification. At the turn of the millennium, the American Board of Medical Specialties (ABMS) introduced a very controversial Maintenance of Certification (MOC) program [1].

The American Board of Pediatrics (ABP) is a nonprofit organization that administers board exams and provides board certification to pediatricians and pediatric subspecialists [2]. The ABP has been responsible for pediatric accreditation since 1933 with the goal of promoting excellence in medical care for children and adolescents. To make sure that all pediatricians accredited by ABP meet these requirements, they examine six core competencies: interpersonal and communication skills, medical knowledge, patient care, practice-based learning and improvement, professionalism, and systems-based practice. They are not mandated but try to maintain policies that are in line with those suggested by the American Board of Medical Specialties (ABMS) [2].

Until 2012, the pediatric board exam was administered in large test centers on “scantron” or “fill-in-the-bubble” sheets and paper booklets and was considered one of the hardest board exams to pass, with failure rates as high as 25%. In 2012, the ABP switched over to a fully computerized exam given at Prometric Test Centers across the United States, with significant scoring changes that resulted in a substantial increase in the pass rates as well (approximately 86%). The computer-based, multiple choice exam contains between 332 and 336 questions. The exam is broken down into four blocks, with each lasting 1 hour and 45 minutes and a 15-minute break between each block. You are given a “lunch break” between blocks #2 and #3, with the break lasting 1 hour. Each block contains about 84 questions, which means you will have about 1 minute and 15 seconds to answer each question [3].

Continuing Medical Education Credits (CME)

One of the joys of medicine and pediatrics is that we should be able to learn at least one new thing every day. One of the ways we can do that is by participating in CME activities. Most states and hospitals require CME each year in order to maintain medical licenses. One of the benefits of CME activities is the wide variety offered. You can receive CME credits by going on the American Academy of Pediatrics site [4], ABP site [5], going to conferences, or watching webinars. You can also receive credits by using UpToDate [6] or reading journals. Whether you receive CME credits by participating in a conference or while sitting in your office, you are able to choose a topic relevant to your field and interest. On the downside, some CMEs may be expensive, and it may be difficult for a pediatrician in private practice, or actually in any position, to leave their practice for an extended period of time to attend a conference or an event.

Maintenance of Certification (MOC) or Recertification

In 2010, the ABMS and ABP specifically introduced the concept of continuous maintenance of certification, and the new MOC came about. Although, according to ABP, you are not required to maintain certification in general pediatrics once you are certified in a subspecialty, many hospitals request or require it. Also, some subspecialties require co-certification in other subspecialties. For example, in order to maintain certification in Pediatric Transplant Hepatology, you must maintain certification in Pediatric Gastroenterology [7].

To maintain your board certification in general pediatrics and any pediatric subspecialties for which you are certified, you must check off requirements in four areas [8]:

1. Professional Standing (Part 1) – You must have at least one valid, unrestricted medical license in the United States or Canada.

2. Lifelong Learning and Self-Assessment (Part 2) – This is your general, continuous knowledge, such as CME credits. You can also receive Part 2 points from certain conferences and by participating in “question of the week” by ABP. You must earn at least 40 points for these activities every 5 years, and they can be used for both general pediatric and subspecialty recertification. The same 5-year cycle will apply to all your certificates.
3. Cognitive Expertise/Exam (Part 3) – This is the “old” recertification exam. Beginning in 2019, you can either take the old-fashioned exam in a Prometric Center or participate in MOCA-Peds assessment. This new method electronically delivers 20 questions each quarter, and you have the whole quarter to answer them. Once you start the 20 questions, you have a specific time in which to complete them, approximately 5 minutes/question. Part 3 also aligns with your 5-year cycle.
4. Improving Professional Practice/Quality Improvement (Part 4) – The most controversial part and sometimes the most challenging to complete. You must participate in a quality improvement (QI) activity that is approved by the ABP to earn these 40 points. These can be small or large group, collaborative, web-based, or other types. If your practice receives designation as a patient-centered medical home (PCMH), this can also fulfill your Part 4 requirement.

There are an additional 20 points that need to be earned, for a total of 100 points each 5-year cycle and may be earned in either Part 2 or 4 activities. Once you earn the 100 points at the end of each 5-year cycle, you get to pay the fee (currently \$1330 for a 5-year cycle) to begin your next cycle of MOC.

References

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