

# The Recertification Process

Dipti Itchhaporia, MD, FACC

President, California Chapter of the American College of Cardiology

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Since the year 2000, physicians have been participating in the recertification process, and the process has undergone many changes. Presently, every 10 years, eligible physicians are required to accumulate 100 points in the maintenance of the certification program by performing modules that are worth 10 to 20 points. At least 20 points must be from patient-care modules, which are slightly more laborious to complete. In addition to accumulating these points, physicians must take a recertification test. Both the test and the modules require a considerable amount of time and money. Recently, there has been much talk about removing the grandfather clause to make all practicing physicians participate in this program.

There has been much discussion among physicians about this recertification process. Many have voiced the sentiment that if the goal is con-

tinuing medical education, there are other opportunities that are less disruptive to the physician's clinical practice and less financially burdensome. Different medical specialties have adopted different mechanisms for recertification. For example, obstetrician/gynecologists are mailed a group of state-of-the-art articles to read. They answer questions about the articles online to receive continuing medical education credit and recertification.

There has been much discussion at the last 2 American College of Cardiology (ACC) Board of Governors meetings about the frustration of cardiologists with recertification. No one was opposed to the concept of continuing medical education; the major complaint was in regard to the process. Many have suggested that the ACC should take ownership of the process for the cardiologist. Some have suggested that the American Board of Internal Medicine

(ABIM) has profited from its position and has thus lost the motivation to improve the process. It was pointed out that 43% of general cardiologists are older than 55, and if the grandfather clause is removed, many may leave the cardiology workforce in response.

In this issue, you will read about the recertification process in an article by John Gordon Harold, MD, FACC, who provides a global perspective of the process. The second article is from David Hackett, MD, FESC, a colleague in England who is grappling with the process. These articles are meant to give the reader a perspective of the recertification process both here and abroad. We are eager to hear your thoughts about recertification. Please feel free to email me at [drdipti@yahoo.com](mailto:drdipti@yahoo.com). Ultimately, the goal is to facilitate learning and participate in quality improvement in the least disruptive manner. ■