Maintenance of Certification: American College of Cardiology and American Board of Internal Medicine

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The American Medical Association (AMA) and the American College of Physicians (ACP) formed the American Board of Inter- nal Medicine (ABIM) in 1936. The AMA and ACP believed it was important for the certifying boards to be independent of membership societies in order to be able to set high standards for physician certification that would be credible with the public.

The ABIM's mission is to enhance the quality of health care by certifying internists and subspecialists who demonstrate the knowledge, skills, and attitudes essential for excellent patient care. The ABIM is "of the profession, for the public." The American Heart Association (AHA) joined forces with the ABIM to develop certification in cardiovascular disease. The first board examination was administered in 1941, and 223 individuals were certified in cardiovascular disease. In this 60th anniversary year of the American College of Cardiology (ACC), 25,817 physicians are certified in cardiovascular disease.

The agreement of the 24 American Board of Medical Specialties (ABMS) to develop the Maintenance of Certification (MOC) program marked a new era for public accountability and trust in physicians for maintaining their competence and standards of patient care. Similar efforts are being explored in the United Kingdom with the development of the "Revalidation for Cardiologists" program, supported by the British Cardiovascular Society (BCS).

The ABIM requires physicians who were Board Certified after 1990 to reestablish their certification every 10 years. The MOC program is based on guidelines established by ABMS and includes 4 components: verification of credentials, a knowledge examination in a physician's specialty area assessing diagnostic acumen and clinical judgment, knowledge modules that pose questions for physicians to demonstrate they are aware of recent developments, and a self-evaluation of practice performance through data collection, reporting, and assessment.

"ABIM Recertification Made Easy" sessions at the ACC.09 Scientific Session in Orlando, Florida, were a huge success. For the first time, attendees were able to obtain ABIM MOC credits as part of the Annual Scientific Session registration fee. Each study session was worth 10 points toward the ABIM MOC program. ABIM representatives were onsite to answer questions and to facilitate enrollment. The knowledge module sessions were booked to capacity, and waiting lists emerged for the Cardiac Catheterization Simulation Modules. Both the ABIM and the ACC worked seamlessly to pull off this program. MOC will now be a permanent part of the ACC annual meeting. Plans for ACC.10 include new simulation offerings, virtual reality, and foundational education in quality improvement science. Similar programs are being developed at the ACC Chapter level. MOC is likely to evolve into a more continuous program—more congruent with the reporting physicians need to do in other arenas, be it health plans, state licensing, or hospital credentials. MOC could be more continuous if it were to recognize activities physicians are already engaged in. Continuing medical education (CME) that is being used to meet other requirements, such as state licensure, could potentially meet MOC requirements, reducing the burden on physician reporting.

The ABIM will look to societies such as the ACC to offer products that will meet "MOC CME" requirements tailored to members' specific needs. The ABIM hopes to develop an MOC credential of sufficiently

high value that it will encourage participation by physicians exempted by the grandfather clause, who represent about one-third of all certified internal medicine physicians. The hope is that these physicians will voluntarily seek an MOC credential designation because of the value it provides. The secure examination is the most rigorous part of the MOC process and is linked to evidence of better outcomes. The examination is designed to evaluate the synthesis of information and clinical judgment. Secure examinations are rigorously developed and tested using elaborate psychometric standards and are reviewed by ABIM test committees and directors for clinical relevance. The Board plans to intensify its efforts to develop methods and metrics to assess professionalism, communications and interpersonal skills, systems-based practice, practice-based learning, and improvement. The ABIM is going to great lengths to consider how MOC can be more relevant to clinical practice, as physicians enhance skills in areas in which they have experience, but in which they may have no formal training.

The ACC and ABIM are working together to make MOC activities value-added and to enrich the cardiology-specific educational opportunities. We hope to collaborate with BCS colleagues in sharing best practices for MOC/Revalidation. The backbone of our approach has been to emphasize appropriate balance in the assessment of the key areas of knowledge, skills, and professionalism. Like the BCS, we believe that the best interests of the public are served by a continuous knowledge assurance process as opposed to a periodic knowledge assessment. For further discussion, I can be reached via email at john.harold@cshs.org. ■

Revalidation for Cardiologists in the United Kingdom

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Physicians in the United States are familiar with Board Certification and Maintenance of Certification. There is no similar regulation of medical practice in Europe after specialist training is completed. The United Kingdom will shortly introduce a Revalidation for Doctors program to demonstrate and confirm that licensed doctors practice according to the General Medical Council's (GMC) generic standards (relicensing) and that specialists practice according to the standards for their specialty (recertification). The intent of Medical Revalidation is for the process to be supportive rather than punitive and to include patient and clinician involvement. The result should raise standards and include remediation and rehabilitation. Revalidation should be a continuing process, not an event, and should ensure consistent standards across practices, be based on evidence from local practice, and depend on the quality of local appraisal.

Revalidation for physicians in the United Kingdom will be based on structured annual appraisal, with 5 satisfactory consecutive appraisals leading to revalidation. The framework for appraisal of generic medical practice is based on *Good Medical Practice,* a publication with standards set forth by the GMC. The GMC has agreed that the standards for remaining on the Specialist Register will be the same as those currently required for entry to this register. However, the range of