

Maintenance of Certification in Real Life

April 17, 2017

In a recently released issue of *Pediatrics*, Dr. David Nichols, the President and CEO of the American Board of Pediatrics (ABP), reviews the rationale for Maintenance of Certification (MOC), and related literature and controversies. The article includes a non-systematic review of the impact of MOC on patient care.

Dr. Lydia Furman, MD, Assistant Editor, Pediatrics

Content License: FreeView

Article type: [Pediatrics Blog](#)



In a recently released issue of *Pediatrics*, Dr. David Nichols, the President and CEO of the American Board of Pediatrics (ABP), reviews the rationale for Maintenance of Certification (MOC), and related literature and controversies. The article ([10.1542/peds.2016-4371](#)) includes a non-systematic review of the impact of MOC on patient care. I think few of us can disagree with the “Social Contract” model that underlies MOC: that is, we as practitioners are responsible to the public and to those we

serve to continuously improve our professional care. Dr. Nichols cites the “Medical Professionalism in the New Millennium: A Physician Charter,” published in 2002 and available [online](#), which has been endorsed by over 130 professional organizations, including the American Academy of Pediatrics (AAP) and the ABP. I confess to you that I had not read this document previously, and found it truly inspiring: I agree that it serves as a solid platform for support and promotion of MOC.

The literature review included 34 articles, and was not limited to Pediatrics. Retrospective cohort studies on MOC as an intervention show a largely positive picture, i.e. participation in MOC was associated with improved clinical outcomes among internists, emergency room physicians and family medicine physicians. I suspect however that while outcomes were being measured, they may have been confounded by the fact that physicians who engage in MOC studies may be different in terms of their willingness to participate in such studies compared to those who might not resulting in the studies being less generalizable than one might hope in demonstrating clinical outcomes in association with MOC.

A study that could answer this research question would require a thoughtful prospective design that includes cohorts of similarly qualified and motivated pediatricians who perhaps are assigned to perform their MOC early in their certification cycle versus later – randomization would be ideal but likely beyond challenging to accomplish. Dr. Nichols discusses these and other issues related to conducting MOC research under the header “Challenges of the MOC Literature.” I believe that the ABP should at least consider the question of how to promote meaningful research around MOC and their research efforts are now pointed in that direction. Good research with positive results would likely strengthen support and acceptability – or alternately if results are negative, could lead to meaningful improvements.

I haven’t even touched on the larger part of this article which examines the impact of Quality Improvement (QI) initiatives for which MOC has been awarded. You too may recall the initial MOC QI offerings, which included a prescription writing and a hand washing module that were uninspiring QI (to be as polite as possible) but the article demonstrates just how far MOC has evolved in a relatively short period of time. See what you think and enjoy the rest of this important synopsis of not just why MOC, but how it is moving more and more to reflect the real work that we all do in improving the care to our patients.

- [A New Era in Quality Measurement: The Development and Application of Quality Measures](#)
- [Improving HPV Vaccination Rates Using Maintenance-of-Certification Requirements](#)
- [Facebook](#)
- [Instagram](#)

Copyright © 2017 American Academy of Pediatrics