Medical Staff Briefing

ABPS strives for unique board certification options

Editor's note: This is the first installment in a series on board certification. Over the next several issues, Medical Staff Briefing *will feature interviews with representatives from various specialty certification boards.*

Most people don't realize the true definition of board certification. "It doesn't mean only being certified by the American Board of Medical Specialties (ABMS)," says **Jeff Morris, JD,** executive director of the American Board of Physician Specialties (ABPS).

In fact, a few years ago, the United States Department of Labor updated its *Occupational Outlook Handbook* to include ABPS as an option for board certification for physicians. Previously, the Handbook only listed the ABMS and the American Osteopathic Association (AOA) as certifying bodies.

So who is ABPS, and why should physicians consider becoming certified/recertified through ABPS?

Filling a void

ABPS was founded in 1952 and certified its first physician in 1960. What makes ABPS unique is that it certifies both allopathic and osteopathic physicians, something that was unheard of at that time.

The organization was created by a group of osteopathic surgeons who completed allopathic residencies. According to Morris, the surgeons tried to become board certified through the AOA and were denied because they did not complete osteopathic residencies. They then tried to become certified by ABMS and were laughed at because they were doctors of osteopathic medicine (DO).

"At that time, they decided to build a certification that didn't discriminate on training and actually tested a physician's knowledge of the specialty," says Morris. Although ABMS now extends certification to osteopathic physicians, Morris says ABPS is still proud of the fact it has always offered certification to both MDs and DOs. "We still seek that non-discriminatory approach today."

Many physicians certified through ABPS hold more than one certification. According to Morris, there is one diplomate who holds 4–5 certifications.

"A lot of our physicians have dual certifications, especially those certified in emergency medicine. A lot have primary care certification too," he says. "In addition, the founding members of our new boards, such as The American Board of Disaster Medicine and The American Board of Integrative Medicine, are physicians originally certified by ABMS, who joined with ABPS to develop these new specialty certification programs."

According to Morris, the ABPS board physicians are most familiar with—mainly due to its uniqueness—is its emergency medicine board. "We offer a way for primary care residency–trained physicians with substantial ED experience to get certified in emergency medicine," explains Morris.

In contrast, the American Board of Emergency Medicine requires diplomates to complete an emergency medicine residency training program.

"We do it to ensure a stronger and more qualified EM workforce," says Morris. "More than 40% of physicians practicing emergency medicine today are not EM residency trained.

"Hospitals hiring primary care residency trained physicians for the ED should encourage them to pursue board certification in emergency medicine. By completing the rigorous process for board certification, these physicians are able to demonstrate their competency and mastery of the specialty for which they are practicing. Furthermore, participation in the recertification process allows them to continually advance their knowledge in emergency medicine."

Innovation leads to board creation

"ABPS considers itself innovative; we study trends and assess current needs in the medical field," says Morris. "Using this approach has helped us create several unique, impactful, and groundbreaking boards."

One of those boards is family medicine obstetrics. Again, this board is reflective of what is happening in healthcare.“If you look at rural areas, finding an obstetrician can be extremely difficult. To fill this need, fellowships were developed where family medicine doctors can receive surgical obstetric training,” says Morris.

By developing the family medicine obstetrics board, ABPS created a way for these physicians to demonstrate what they learned from their training “by completing a rigorous written and oral certifying exam developed by some of the leaders in the field.”

Physicians must be certified in family medicine and have completed a 12-month, full-time fellowship in the past five years that is recognized by the ABPS board.

On its website, the Board of Certification in Family Medicine/Obstetrics states that it “recognizes the advanced level of training and experience that some family medicine physicians gain through recognized fellowship programs.”

Another board recently created was the American Board of Disaster Medicine. This is offered as a second specialty certification for physicians, so they must already be certified in another specialty before applying for the disaster medicine certification.

“Disaster medicine certification provides a unique opportunity for physicians who are certified in their respective specialties and are also leaders in their medical community who go above and beyond by volunteering on state and local disaster medical assistance or emergency response teams to demonstrate competency in this vital field,” says Morris.

Two other recent boards recently created by ABPS are the American Board of Integrative Medicine and the American Board of Administrative Medicine (ABAM).

“Integrative medicine is a specialty that has been growing leaps and bounds and becoming more recognized within the medical community,” says Morris. “Leaders in integrative medicine came to ABPS and together we built this board. Since then, it has grown exponentially. In the last application cycle, we had more than 400 applications.”

The ABAM is ABPS’ newest board. This board recognizes the fact that more physicians are stepping into healthcare administration roles.

“Successful completion of the ABAM board certification process indicates a mastery of the core competencies required to manage the business side of medicine and validates the diplomate’s training and experience in administrative medicine,” says the ABPS website.

Physician applicants must have a master’s degree in business administration, medical management, or health administration and have five years of cumulative experience in an administrative position.

Along with recognizing their excellence, Morris says this certification also offers physicians another avenue to stay “board certified”—a requirement of many hospitals for medical staff membership or privileges.

“For physicians who have become executives, this is a board certification that gives them a true lateral movement. It allows them to maintain certification, be credentialed by the hospital, and practice administrative medicine as well,” he says.

Creating boards and certification standards

The creation of a new board usually starts with individuals presenting a need to ABPS. For example, the hospital medicine board certification was developed because a group of hospitalists wanted a specific certification that was not for internists or family medicine physicians.

According to Morris, creating a new board takes a minimum of two years to do.

“It is a concept. It is like developing any new product, you have to do market analysis, valuation. It may sound like a good idea, but is the usage and need there? Will it contribute to the betterment of care? If the answer is yes, you then begin by building your founding board. This consists of 15-20 physicians who are leaders in that specialty. Then the real work begins,” explains Morris.

He says most of the time is spent on the item writing process. A lot of physicians think they can write the certification exam questions because they have written other test questions in the past. “They start to realize that an exam question and a board certification exam question are two different types of questions.”

Specific testing industry standards must be followed to ensure each question developed is a valid and reliable

measure of competency. The board must also produce three exams worth of questions so there can be multiple versions of the exam when it is published.

“It is a very detailed process. It is something that we are very proud of,” says Morris. “If you want to be a valid certifying body, you need to make sure that your processes are something that meet or exceed the levels for testing.

“As a valid certifying body, you are certifying to the public that these physicians have demonstrated mastery of the knowledge and skills required for competent practice in their chosen specialty. You want to make sure that the exam they are taking is developed and administered in such a way as to accurately measure this mastery.”

Recertification and examinations

ABPS certification lasts for eight years, regardless of which board a diplomate is certified through. Currently, ABPS does not have an actual Maintenance of Certification (MOC) process like ABMS. However, there is a mandated annual CME requirement that physicians must meet, which includes a requirement for ethics training, and then physicians sit for a recertification exam every eight years.

Reaction from diplomates regarding a recertification exam is mixed. Morris says he has received feedback to not do what ABMS has done with MOC.

“What is unique is that we are a physician volunteer organization, so when we put something out, we make sure it is the best for patient care and the physicians. MOC is doing the exact opposite of what physicians believe improves their practice and patient care. It has negatively impacted the valuable time physicians have to treat their patients and places needless burdens upon the physician.”

Morris cautions, though, that ABPS will always require physicians to demonstrate their competence.

“The idea of having just a CME requirement is great for your medical license, but we are a board certifying body, and we have to certify to the public that physicians have successfully demonstrated their knowledge. If you just have a CME requirement, how do I know you learned something? How do I know you paid attention during that CME?” says Morris. “That is why we still have our recertification exam.

“I don’t think the test part is important; it is the demonstration of continued competency part. If we can find a mechanism to measure this demonstration component in a less painful way, we would be happy to consider that,” says Morris.

Getting the word out

There has been more acceptance of ABPS in the past few years. One reason, says Morris, is that more of the country’s leadership is seeking ABPS’s guidance on physician care issues. Another reason is that more medical staff services departments are reaching out to ABPS because their physicians are looking for choices in certification/recertification.

In years past, medical staffs might grant exceptions to physicians who didn’t meet the board certification requirements in the organization’s bylaws. Morris says because of primary source verification requirements, negligent credentialing cases, and electronic credentialing programs, exceptions rarely occur now. As a result, hospitals are looking to make changes to their bylaws to include ABPS.

“In seeking qualified physicians, hospitals should not discriminate against physicians who chose to be certified by ABPS instead of the more well-known ABMS boards,” says Morris.

Morris says the easiest way to get medical staffs to change their bylaws is to point out that the definition from the U.S. Department of Labor of board certification has changed to include ABPS.

“What we are asking bylaws to do is get current with the current standard,” says Morris.

He compares it to the issue of DOs in the 70s—most bylaws wouldn’t accept DOs as physicians. As the definition changed, medical staff bylaws changed, and the stigma changed.

“Hospitals weren’t being asked to review whether DOs were as good as MDs, it was simply about having the bylaws incorporate the current definition of what a physician was,” says Morris.

ABPS has 12 member boards with diplomates in 19 specialties. They are:
1. Administrative medicine
2. Anesthesiology

3. Dermatology
4. Diagnostic radiology
5. Disaster medicine
6. Emergency medicine
7. Family medicine
8. Family medicine obstetrics
9. General surgery
10. Geriatric medicine
11. Hospital medicine
12. Integrative medicine
13. Internal medicine
14. Obstetrics and gynecology
15. Ophthalmology
16. Orthopedic surgery
17. Psychiatry
18. Radiation oncology
19. Urgent care medicine

"Except where specifically encouraged, no part of this publication may be reproduced, in any form or by any means, without prior written consent of HCPro, or the Copyright Clearance Center at 978-750-8400. Opinions expressed are not necessarily those of CRCJ/MSB. Mention of products and services does not constitute endorsement. Advice given is general, and readers should consult professional counsel for specific legal, ethical, or clinical questions."