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Health Care

Fed up with costly, onerous recertification, doctors are turning to an alternative board

By Tara Bannow

While taking the exam to renew his physician specialty certification, pulmonologist Jordan Metcalf got hung up on a question about a rare complication in a bone marrow transplant patient — a hematology issue.

“I’m a pulmonary critical care guy,” said Metcalf, a professor in University of Oklahoma’s College of Medicine. “If I have some really wild stuff going on hematologically in a patient, shouldn’t I be calling, say, a hematologist?”

It’s a common frustration among doctors. They have to take tests through the leading certification boards to renew their credentials, but many of them complain that the questions aren’t always relevant to their specific expertise. Not only that, they say the whole process is too expensive and onerous. Surveys over the years have laid bare widespread dissatisfaction with recertification.

The same doctors are cheering the rise of an alternative recertification option called the National Board of Physicians and Surgeons. It doesn’t require testing and costs less money than the competition. The California-based not-for-profit board has been on the scene since 2015, but took a giant leap forward in July, when the Joint Commission determined it can verify credentials.

“That was a major triumph for NBPAS,” said Eric Topol, NBPAS board member, cardiologist, and executive vice president at Scripps Research. “I think that will be one of the most important milestones.”

The milestone comes amid a broader conversation about burnout in the health care workforce, and about scores of

looming physician retirements. Doctors insist the gripes with recertification have a trickle-down effect on patients because, in some cases, recertification is the final straw that pushes a doctor to leave practice.

Scott Monteith, a psychiatrist in Traverse City, Mich., said that’s true in psychiatry, a specialty that’s in high demand but faces a wave of retirements in the coming years.

“A lot of people just throw up their hands and say, ‘I don’t have the time and energy to deal with this,’” he said.

Instead of requiring doctors take tests to prove they’re still knowledgeable in their respective specialties, NBPAS requires them to have completed 50 hours every two years of accredited continuing medical education, educational activities like conferences or journal subscriptions that keep doctors current.

Many doctors already do that and then some to maintain their state licenses, which are legally required to practice. In that way, the roughly 10,300 doctors who now get recertified through NBPAS view the process as less burdensome.

“They’re not saying maintenance of certification isn’t important, they’re saying it’s aligned with the requirements your state has determined are necessary for a physician to practice,” said Monteith, who now maintains his certification through NBPAS. “It’s still a high bar.”

Supporters say using continuing medical education instead of tests is also helpful because it lets doctors choose what materials are most relevant to them. For Karen Sibert, NBPAS board member and physician, that’s going to meetings, reading journal articles, and subscribing to the New England Journal

of Medicine’s continuing education program.

“I got involved with the board because I was outraged at the implication that I wasn’t keeping up with my profession just because I refused to do this mandatory program,” said Sibert, who recently retired as an anesthesiology professor at UCLA’s David Geffen School of Medicine.

Not everyone agrees. Richard Baron, CEO of the American Board of Internal Medicine, said he thinks assessing doctors’ knowledge is critical. He pointed to research showing the bottom quartile of performers on tests tends to overestimate its performance.

“If people are only doing educational programs without assessment, they’re missing a lot,” Baron said. “They’re not learning what their blind spots are, they’re not learning what they don’t know, and more importantly, they’re not having an opportunity to learn what they don’t know.”

That said, boards like ABIM have in recent years responded to doctors’ complaints about testing by moving from high-stakes, once-a-decade exams to flexible, online tests they can take anytime using any resources they want.

NBPAS also requires doctors to have earned their initial certification through a leading board, either one of the American Board of Medical Specialties’ 24 member boards or the American Osteopathic Association. They also must have an active and unrestricted state medical license.

Recertification through NBPAS costs \$94.50 per year. That’s compared to \$220 per year at the American Board of Internal Medicine plus \$120 for each additional certificate, meaning it’s more expensive for highly specialized doctors.

For example, Metcalf, the pulmonologist, is certified in pulmonology, critical care medicine, and internal medicine. Certification for three specialties costs \$460 per year.

Baron said most of ABIM's doctors have closer to one certification, so they pay \$220 annually. He said he doesn't think that's too much for a credential that carries a lot of value.

NBPAS' growth has been due in part to mistrust of mainstream medical boards. ABIM — one of the country's largest boards, with upward of 225,000 certified physicians — has come under fire in recent years from doctors who think its executives are overpaid. [ABIM's latest tax form](#) shows Baron made more than \$1 million in total compensation in the year ended June 30, 2021. Almost half of ABIM's \$65.3 million in revenue came from maintenance of certification that year, in which it drew a 15% profit margin.

"I think that's a conflict of interest there with all the economics," said Paul Teirstein, NBPAS' president and a cardiologist with Scripps Clinic. "American boards are nonprofits but the people running them get good salaries."

Baron countered that ABIM sets salaries using comparable organizations and it's in the middle of those ranges.

NBPAS works to differentiate itself from the mainstream boards. Its executive director, top management, and board members are all unpaid, per its [2020 tax form](#), and Teirstein said there are no lavish buildings. "We do everything being cost-conscious," he said.

The requirement that doctors renew their certifications is relatively new, beginning in 1990 for ABIM, for example.

Most doctors who got their original certification before that year, including Sibert, don't have to get recertified at all.

That strikes Metcalf as an arbitrary distinction. He doesn't have to go through the process when it comes to internal medicine, but still has to recertify for pulmonology and critical care medicine. He just missed the cutoff for pulmonology, having gotten certified in 1992. That's because he chose not to seek certification as a first-year fellow, unlike a colleague he trained with.

"What made us different people two years apart that I have to do (maintenance of certification) and he doesn't?" Metcalf said.

NBPAS is still small compared to mainstream boards, but its leaders say its existence has pushed boards like the ABIM to make their processes less burdensome.

"No matter what happens, the NBPAS' impact on ABIM and ABMS has been profound, whether or not it ever reaches the level of having 100,000 physicians," Scripps' Topol said.

But to really gain steam, NBPAS will need to convince more hospitals and health insurers to accept its recertification for their medical staffs. Currently, 157 hospitals have done that. The board's associate director, Karen Schatten, said NBPAS does not have a count on insurers.

Because of that, some doctors said they're still maintaining certification with their mainstream board in addition to NBPAS.

Notably absent from the [list of hospitals that accept NBPAS recertification](#) are the prestigious academic medical centers its board members hail from. Although four

board members come from Harvard Medical School and two from Columbia University, no Harvard- or Columbia-affiliated hospitals are on the list. Two board members come from Mayo Clinic College of Medicine, but Mayo also does not accept NBPAS recertification.

Sibert, the retired UCLA professor, said one of the challenges is that many of the big academic medical centers are closely involved in the traditional board certification process. Their leaders help write the questions and serve as examiners, for example.

"You're not going to find the big academic medical centers working against their own cause," she said.

But Teirstein, the board's president, said he's hopeful that as younger doctors assume leadership roles within those organizations, they'll have more motivation to change the rules than older doctors who aren't subject to recertification.

Mark Shaya, a neurosurgeon in Florida, decided to go with NBPAS for his recertification in 2016 after getting his initial certification through the American Board of Neurological Surgery in 2008. All six hospitals he performs surgeries at accepted his NBPAS recertification.

Like many doctors, Shaya said he doesn't believe the traditional recertification process helps patients. He pointed to a [2019 study](#) that assessed 2 million procedures and found no difference in complication rates among doctors who had completed maintenance of certification. If anything, Shaya said it adds to burnout.

"Maintenance of certification costs a lot of money, takes a lot of time, and there's no return on investment," he said.