January 20, 2016

Robert Spicer, MD
Children's Hospital & Medical Center
8200 Dodge Street
Omaha, NE 68114

Dear Dr. Spicer:

In light of the ongoing national conversation regarding Maintenance of Certification (MOC), members of the ASPHO Board, including Patrick Leavey, Amy Billett and myself, recently met by phone with Dr. David Nichols and his team at the American Board of Pediatrics (ABP). Our purpose was to present our interest in being "at the table" with other organizations for ongoing critical discussions about MOC. During this conference call we learned the Council of Pediatric Subspecialties (CoPS) will be representing pediatric subspecialty membership organizations at the upcoming Federation of Pediatric Organizations (FOPO) meeting on February 4, 2016, in Washington, DC. The goal of this meeting, to our understanding, is the development of a commonly agreed upon set of principles for MOC, which will be shared with the broader pediatric community and ultimately presented to the ABP Board of Directors for consideration. Both ASPHO and ABP leaders agreed that the voice of pediatric subspecialists is well represented by CoPS.

It is our understanding that FOPO has invited CoPS leadership to attend in person, and that FOPO intends to invite pediatric subspecialty leaders to participate virtually. Though ASPHO intends to participate through the virtual webinar opportunity, we are sending this letter to outline our sentiments in regards to MOC, and ask you to represent these at the FOPO-sponsored meeting.

1) MOC Part 4: We are very concerned about the relevance and accessibility of MOC Part 4 Quality Improvement projects available for diplomates. The recent simplifications have not gone far enough. The process remains far too wedded to the IHI "Improvement Method." The process of approval for many of the projects pediatricians are already doing, which are quite numerous, remains seriously cumbersome and too costly. It also appears well within an established precedent at the ABP to delegate authority to institutions, that Pediatric Department chairs or their designees should attest to MOC part 4 participation for their faculty.

2) MOC Part 2: Given that CME accomplishes essentially the same thing (continuous life-long learning) as MOC Part 2; pediatricians should be able to use CME for this purpose. We respect there is need to invest and develop the necessary infrastructure to allow such a transition but it is a commonly held principle that duplication of effort and energy serves nobody. For example, providing credit for annual subspecialty society meetings attendance should be simplified and the cost significantly reduced.

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3) MOC Part 3 (the exam): In this era of exponential growth of information pertinent to diagnosis and treatment, the public is not served by asking pediatricians to enter memorized facts into offsite testing center computers. Contemporary health care, in particular subspecialty pediatric care and the care of children with complex conditions requires that pediatricians are able to completely discern information relevant to a particular constellation of symptoms, or to make a diagnosis, online, and then apply it. Recertification exams need to reflect this. While discussions of interval home-based questions for recertification are taking place similar to those being piloted by the American Board of Anesthesiology, the ABP is starting with general pediatrics, and the timeline for pediatric subspecialists getting out of testing centers for the recertification exam is way too long.

We suggest the following principles:

1) Pediatric Department Chairs shall be entrusted with attestation of their faculty accomplishing:
    a) CME qualifying for MOC Part 2 credit
    b) Process Improvement projects qualifying for MOC Part 4 credit

2) Short-interval home-based questions should be piloted in pediatric subspecialties in parallel to general pediatrics: the components that allow success in these arenas will likely differ and one should not necessarily influence the other

3) Investments must be made in technology to remove duplicative efforts and allow physicians to invest their energies toward improving the care of their patients.

We would be happy to discuss any questions this raises for you. We are pleased at the thought of the many subspecialty pediatric leaders unifying in this discussion, and are available to discuss in person or electronically.

Sincerely,

Joanne Hilden, MD
President

cc: Patrick Leavey, MD
Sally Weir, CAE

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