

Correspondence

Re: Performance on the Maintenance of Certification for Family Physicians (MC-FP) Examination: Comparison of Initial Certifiers with Experienced Physicians

To the Editor: It is surprising that recertifiers tend to score higher than initial certifiers on the Maintenance of Certification examination.¹ Although it was not mentioned in the report, could this possibly be because of some or many recertifiers taking board review courses in preparing for the test?

The findings of the study would be more useful if a follow-up study were done to report whether recertifiers had indeed taken board review courses. If they did, any conclusions about their higher passing rate would have to be reevaluated.

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Reference

1. Peabody MR, O'Neill TR, Puffer JC. Performance on the Maintenance of Certification for Family Physicians (MC-FP) examination: comparison of initial certifiers with experienced physicians. *J Am Board Fam Med* 2015;28:294–5.

doi: 10.3122/jabfm.2015.04.150103

The above letter was referred to the author of the article in question, who offers the following reply.

Response: Re: Performance on the Maintenance of Certification for Family Physicians (MC-FP) Examination: Comparison of Initial Certifiers with Experienced Physicians

We appreciate Dr. Volpintesta's commentary and suggestions. We suspected that the differences between pass rates and mean scores were not well known with regard to the MC-FP examination. That was one of our motivations for writing the article. In other research¹ using a cross-sectional design, we looked at examinee performance by the number of times they have successfully recertified. In that study we detected an improvement with additional experience for those diplomates who had continuously maintained their certification, but this

was not true for diplomates with gaps in their certification. This finding runs contrary to the "conventional wisdom" in the family medicine community, which suggests that recent residency graduates, who have been exposed to the most up-to-date information, would demonstrate a better grasp of contemporary medical knowledge than would physicians who are many years out from training. We believe that keeping this research as a topic of discussion in family medicine is important.

Although we suggest the cause for the higher scores is "years of experience," *experience* is a large catch-all category and can be different for everyone. For many physicians, experience probably includes using at least 1 of a variety of different board review courses. Any mechanism that successfully updates a physician's knowledge-base of best practices can be useful, but it does not necessarily have to fall under the category of a board review course. We agree that having an understanding of how to efficiently update a physician's knowledge base would be very useful, but that is a tall order that cannot be accomplished in a single study. We also hope that physicians updating their medical knowledge base do it as an ongoing process rather than as an episodic event that happens once every 10 years. Our report was really intended to point out to recertifying physicians that they, as a group, perform quite well on the examination, even if the pass rate suggests otherwise.

Respectfully,

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Thomas O'Neill, PhD
James Puffer, MD

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Reference

1. O'Neill TR, Puffer JC. Maintenance of certification and its association with the clinical knowledge of family physicians. *Acad Med* 2013;88:780–7.

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