Board News

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Challenge and Strengths of Certification

Methods of Assessment

Contrary to what the casual observer may conclude, the certification of physicians is not a static process. A perfect system for evaluation of physician competence has yet to be devised, and, therefore, the procedures are in a state of flux. Newer techniques of evaluation are being developed. It is expected that electronic data systems (read "computers") will be developed to the degree that cost and security will no longer be barriers to their use in testing knowledge and problem solving.

Today, the best methods available to us are the paper and pencil tests of cognitive knowledge. The ABFP has tried also to utilize office record reviews for evaluation. These modalities, along with CME requirements and licensure requirements, have constituted the certification process. None of the modalities used alone could serve as a valid and reliable method of assessment of qualification for specialty status. Taken together, they perform reasonably well to discriminate between those who should be certified and those who should not.

Content of the Specialty

In addition to the problems of evaluation instruments, there is a large and probably more important one of definition of a certified specialist. To ABFP, the key to a useful evaluation is a clear definition of the specialty, the specialist, and the content of the specialty. Occasionally some persons complain that the Board does not test the areas of competence in which they excel. In fact, in some cases, no certifying Board examines that particular content. ABFP does recognize that family physicians vary considerably in their practice patterns. The recertification process allows for some choice of content, but every candidate must take an examination covering the broad field of family practice. This part of the exam is given in the morning while the selected modalities are given in the afternoon.

Some candidates believe the board should narrowly examine in certain areas, e.g., cardiovascular medicine, orthopedics, or rheumatology. It is not practical to develop a valid and reliable exam for each of these areas when the number of candidates for each one would be particularly few.

Validity of the Testing Process

While it is necessary for the certification process to confine itself to the content of the specialty, it is also necessary to recognize changes in the content of the specialty. It is clear that as newer generations of family physicians become dominant in the specialty (75 percent of current Diplomates are residency-trained), the real content of the specialty is subject to change. ABFP must periodically assess the validity of its examination, irrespective of the examination instrument(s) used. The current testing process was validated in the mid-eighties by an internationally recognized independent agency. It will be necessary to revalidate the content of the specialty whether the measuring instruments change or not.

The ABFP has accumulated 15 years of experience in mandatory recertification. This is well beyond the experience of any other American Board. Staff is now carefully analyzing the data in order to be of assistance to our Diplomates and to other Boards. Of the 23 member boards of ABMS, at least 19 have either begun to issue time-limited certificates, or they have committed to do so. Twenty years ago, only ABFP did such a thing.

The Meaning of Certification

Another major concern of the Board is the meaning and significance of certification and recertification. The intent of the Board has been to provide a time-limited certificate, which indicates that the holder of the certificate has undergone an evaluation of his or her credentials and has performed satisfactorily on a cognitive examination, the standards for which have been developed and promulgated by his or her peers.

The reasonable inference to be drawn by the public and the profession is that those physicians who are certified are more likely to possess the expected knowledge and skills in that specialty

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than those who are unable to achieve those standards. It cannot be inferred that all those physicians who do not possess a certificate are necessarily inferior in any way. It has been convenient for hospital credentials committees and some third-party insurance carriers to treat certified physicians differently from non-certified physicians. There seems to be a certain injustice involved when a physician who has not been evaluated is automatically assumed to be inferior.

Furthermore, it must be recognized that the certifying process does not in itself necessarily predict quality performance. It assesses important qualifying factors but still lacks predictive validity in many cases. The ideal would be to have a fair and rational process that could demonstrate a high degree of predictive validity regarding a physician's performance. We must realize that the ideal is very difficult to achieve—partly because family physicians are human beings subject to human frailties and inconsistencies, thus limiting our predictability.

The Task Ahead

So it would seem that if the certifying process has a permanent role in health care, there will be continuing need to adapt the content, the measuring instruments, and techniques to an everchanging specialty. Because Family Practice is and shall remain the specialty of first contact, it must be prepared to change with social adjustments. Therein lies the challenge and the strength.

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