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The Patient-Centered Value of the Continuous Certification Process



To The Editor: On behalf of the American Board of Orthopaedic Surgery (ABOS), we are responding to Norby et al¹ and Ellenbogen et al² published in the February 2020 issue of *Mayo Clinic Proceedings*. Ellenbogen et al² indicated, "...Maintenance of Certification (MOC) programs generally are disliked by the very group they were designed to benefit, the diplomates." The ABOS was created to protect the public. Unlike a specialty academy or society, the ABOS is not a member organization and does not exist to serve members but to assess orthopedic surgeons for certification purposes. In 1934, the ABOS was created from the American Orthopaedic Association as a private, voluntary, nonprofit autonomous organization with the intent to serve the best interest of the public by establishing standards for orthopedic surgeons.³ The mission of the ABOS is "to ensure safe, ethical, and effective practice of orthopedic surgery," by maintaining "the highest standards for education, practice, and conduct through examination, certification, and maintenance of

certification for the benefit of the public." That said, the Board of Directors of the ABOS regularly turn to our diplomates for feedback on how best to improve our processes.

We applaud the American Board of Neurosurgeons (ABNS) for developing an effective e-learning tool. Similarly in 2019, the ABOS launched the Web-Based Longitudinal Assessment (ABOS WLA) which permits diplomates to meet the knowledge assessment requirements of MOC by annually answering questions based on current literature. In its first year, over 55% of eligible ABOS Diplomates participated in this platform, and the vast majority of participants were very satisfied with this option.

Whether it is the "Golden Rule" or the "Platinum Rule," this ethos has been pervasive in most religions and theocracies from the beginning of time. While the Golden Rule and the Platinum Rule are important in our daily interactions with peers, patients, family, and friends, we do not think we can necessarily assume that what diplomates want is what the public needs.

Approximately 40% of ABOS diplomates still prefer to sit for a Computer-Based Recertification Examination every 10 years. The ABOS has practice-profiled recertification examinations in all orthopedic subspecialties, and also offer an Oral Recertification Examination. The goal of the ABOS is for our diplomates to have an assessment that fits their practice style.

The authors also indicate that MOC is "...expensive, time-consuming, scientifically unproven process..." The ABOS MOC fees,

when averaged over 10 years, are lower than those of many professional societies. The ABOS has not raised fees associated with MOC in more than 7 years, and like the ABNS, the ABOS has a small, efficient staff who run operations on a revenue-neutral budget. Finally, Jones et al,⁴ among other peer-reviewed articles, suggest a correlation between the Continuous Board Certification process and maintaining an unrestricted state license free of adverse action.

In closing, the ABOS believes that the rigor of our requirements for continued certification set standards that help protect the public through a quality process that is valuable to the diplomate at a reasonable cost.

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