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Dear Dr. Baron:

The Pennsylvania Medical Society (PAMED) has been outspoken regarding needed changes to certain Maintenance of Certification (MOC) requirements, especially as it relates to the American Board of Internal Medicine (ABIM) MOC process. We have strenuously objected to the summative 10-year high stakes examination that ABIM instituted in 1990, and instead have promoted the use of a formative assessment adherent to adult learning principles which would serve as an educational tool for physicians.

When ABIM responded by taking steps to move away from the 10-year high stakes exam, we applauded them for this progress. The “Knowledge Check In” was a shorter version of the exam, administered every 2 years. While a step up from the 10-year high stakes exam, this condensed offering did not resolve the concerns expressed about the 10-year exam, however, as it still required an inordinate amount of physician prep time and continued to be a high stakes assessment, albeit a shorter one.

ABIM has taken another step forward, moving to a longitudinal assessment consisting of 30 questions to be completed every three months over a period of five years (600 questions total). Physicians may eliminate five questions each three-month period, bringing the required number of questions to answer down to 100 questions a year. On a positive note, physicians no longer will need to place all their belongings in a locker or use cameras to document their surroundings and are now free to refer to any reference resource needed, except for asking another physician.

The longitudinal assessment is a welcome change and is better aligned with adult learning principles. Unfortunately, because ABIM chose to continue to place a limit on the time available to answer each question (four minutes), PAMED must continue to oppose current ABIM MOC requirements.

When asked about the need for a timed question, leadership at ABIM has asserted that time management is a stressor in practice as physicians must learn to manage their time associated with patient encounters in order to accommodate a certain number of patients each day. As such, time management is reflected in the assessment. ABIM asserts that 4 minutes per question is an adequate amount of time and is mitigated by the availability of a time bank, whereby time not used to answer one question is tracked and can be used to answer other questions, as long as the required 25 questions are all answered within 100 minutes.

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PAMED formally opposes the timed component for the following reasons:

1. A timed examination still makes it a high stakes examination.
2. A timed exam violates principles of formative evaluation espoused by the American Board of Medical Specialties in their Vision Initiative, an assessment of MOC designed to address the many complaints raised by physicians with the current system.
3. A timed exam still requires extensive physician preparation in advance of said exam.
4. A timed exam does not promote in depth reading to try to learn about the issues raised by a question. If there is limited time, physicians are more prone to research the issue only enough to answer the question rather than do a more in-depth analysis to learn about the issue in question. There will be a tendency to “read to the exam.”
5. A timed exam means that in addition to processing the material, physicians must practice time management. In situations where they do not get an answer quickly, they must not only try to answer the question, but must also assess how much time to invest in trying to find the answer. This creates additional stress.
6. It remains unclear what the exam actually measures; however, we know that now a component of the assessment will be a physician’s skills in time management.
7. A timed exam does not reflect real life practice except for perhaps Emergency Medicine and a few other situations (e.g., intensive care, surgery). Physicians typically can research a particular problem later if they cannot do it at the time the patient is in the exam room.
8. A timed exam remains punitive, punishing those who fail to pass it with potential loss of privileges, credentialing and therefore employment.
9. A timed exam therefore only increases the likelihood of burnout, which is already an epidemic among physicians.

Removal of the timed element would have multiple benefits and would not impact the other logistics of the longitudinal assessment.

1. It would create an exercise where the assessment would measure due diligence, rather than proposing to measure a physician’s competence or knowledge at one given time.
2. It would continue to reassure the public that physicians are putting in the time and effort to stay current.
3. It would reduce the stress associated with a high-stakes assessment. Physicians would feel comfortable knowing that if they put the time into completing the exercise, there would be a very high likelihood of achieving a passing score.
4. It would eliminate the need for extensive prep time in advance of the exercise.
5. It would be consistent with adult learning principles, with the focus on a formative component rather than a summative component.
6. It would allow physicians to do in depth reading on a particular issue rather than reading to the question at stake.

In closing, PAMED commends ABIM for their vision in creating a longitudinal assessment. However, for the reasons listed above, we oppose the timed element to questions and urge ABIM in the strongest possible fashion to abandon this specific aspect of the longitudinal assessment with the goal of providing a product that is supported by the physician community.

Sincerely,



Edward Balaban, DO, FACP, FASCO, FCPP
Chair, Board of Trustees
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