

Board Certification: Overrated and Unnecessary

Hopeman Lectureship 2012

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September 24, 2012



American Board
of Medical Specialties

Higher standards. Better care[®]

Outline

- History
- Arguments
 - No benefit to physicians
 - Outdated and not relevant
 - No data
 - Unnecessary financial burden
- Conclusions

History

- ABMS established in 1933
 - 4 founding board members: Derm, OB/Gyn, Ophtho, ENT
- 1937: American board of surgery
- 1971: American board of thoracic surgery

Argument 1: Board certification
does not benefit the physician.

Patients don't care.

- From the ABMS: “When you choose a doctor who is Board Certified by one of the ABMS Member Boards, you can be confident he or she meets nationally recognized standards for education, knowledge, experience and skills to provide high quality care in a specific medical specialty.”
- **Patient's don't really care...**
- **Show of hands...**

No guarantees for physicians

- Does it guarantee licensure?
 - No. In fact, totally separate. Must have full license to practice to take board exams.
- Does it guarantee malpractice protection?
 - No. Still liable for any mistakes, changes in standards of care, etc.
- Does it guarantee hospital privileges?
 - No.
- Does it get you more business?
 - Show of hands...

No guarantee

- No guarantee for patients.
- No guarantee for physicians.
- No guarantee for hospitals.

- Therefore: Certification is not necessary!

Argument 2: The certifications exams are irrelevant for practice today.

Outdated

- ABS Exam covers...



**AMERICAN BOARD OF SURGERY
GENERAL SURGERY: CONTENT OUTLINE FOR THE QUALIFYING
EXAMINATION**

<u>Topic</u>	<u>Weight*</u>
I. Head And Neck	3%
A. Adenopathy/Neoplastic Neck Masses	
B. Non-Neoplastic Neck Masses	
C. Parotid Disease	
D. Oral Cavity/Lip	
E. Neck Dissection	
II. Breast	5%
A. Benign Female Breast Disorders	
B. Malignant Neoplasms	
C. Breast Reconstruction	
D. Male Breast Disease	
III. Alimentary Tract	15%

Outdated

- Dr. Mauchley will say, “But a general surgeon in a small town does it all.”
- Not true...

Outdated

- Surgeon 1

Monday	Tuesday	Wednesday	Thursday	Friday
Clinic am Call pm	Colonoscopy Colonoscopy Colonoscopy Lap chole Inguinal Hernia Colonoscopy EGD/Colon	Lap Chole Inguinal Hernia Colonoscopy Colonoscopy Colonoscopy Colonoscopy Colonoscopy	Call am Clinic PM	Lap Chole Lap Chole Colonoscopy Colonoscopy EGD

- Surgeon 2

Monday	Tuesday	Wednesday	Thursday	Friday
OR: Lap Chole Lap Ventral Hernia	Clinic	OR: Lipoma Lap Chole Hernia	Clinic	OR: Lap Chole EGD Hernia

Outdated

- Surgeon 3

Monday	Tuesday	Wednesday	Thursday	Friday
OR -Parathyroid -Thyroid	Clinic	Academic day	OR -Adrenal -Parathyroid -Parathyroid	Clinic/ OR

- Therefore, this requirement for board certification is not applicable to real-life practice.

Argument 3: Although the board was established to improve outcomes and safety for patients, there is no data demonstrating certification improves outcomes.

The Data.

- Question to answer: Does board certification improve clinical outcomes?
 - Not: How do we get more people to pass (ie, pay for) the boards.
- Dr. Mauchley will cite several articles...
 - NO randomized trials
 - NO large comparisons
 - NO prospective data
 - Ie, NO credible data.
- Even the data I am about to show is marginal...

Specialty Board Certification and Clinical Outcomes: The Missing Link

*Lisa K. Sharp, PhD, Philip G. Bashook, EdD, Martin S. Lipsky, MD, Sheldon D. Horowitz, MD,
and Stephen H. Miller, MD, MPH*

- Comprehensive review, 1966-1999
- Of 1200 papers in initial screen, only 13 papers looked at certification and outcomes.
- Results...
 - Few studies suggested minor improvement in outcomes.
 - Several demonstrated **NO SIGNIFICANT OUTCOME CHANGE WITH CERTIFICATION**
 - Orthopedics- no improved outcomes
 - Heck 1998 (pain, function, complications all same)
 - General Surgeons- no change in mortality
 - Kelly & Hellinger 1986 (mortality and stomach CA and aneurysms)
 - Pearce 1999 (no change in outcomes for peripheral bypass)

Specialty Board Certification and Clinical Outcomes: The Missing Link

- Results...
 - Even some suggestion of WORSE results
 - Higher malpractice claims
 - Tussing & Wojtowycz 1993 (higher C-section rates)
 - Sloan 1989 (More malpractice claims in certified OB/gynecologists and surgeons)

- **2 of the 5 authors work
for the ABMS!!!**

- What? How did they come to that?

More recent data...

Physician Board Certification and the Care and Outcomes of Elderly Patients with Acute Myocardial Infarction

*Jersey Chen, MD, MPH,¹ Saif S. Rathore, MPH,² Yongfei Wang, MS,²
Martha J. Radford, MD,^{2,3} Harlan M. Krumholz, MD, SM^{2,3,4,5}*

¹Beth Israel Deaconess Medical Center, Boston, MA, USA; ²Section of Cardiovascular Medicine, Department of Medicine, Yale University

- Compared +/- certification in IM, FP, cards for tx of MI.
- Results
 - ASA use slightly higher in certified groups
 - NO difference in mortality!

Does specialty board certification influence clinical outcomes?

Eric N. Grosch MD

United Urgent Care Clinic, Fort Myers, FL, USA

- Re-examination of Sharp et al. work
 - Used logical analysis to determine conclusions based on studies.
- Conclusions:

with the advice and consent of ADMS, that they posited as containing 'relevant findings', to what purpose they left unspecified; and (ii) the review article of Sharp *et al.* **Results** The data that Sharp *et al.* presented provided no credible link between specialty board certification and outcomes or 'quality' of clinical care. Sharp *et al.* ignored the evidence of absent evidence they found and proposed enthusiastic but unjustified conclusions in support of specialty board certification as an index of clinical 'expertise'. **Conclusions** No evidence supports the touted clinical benefit of specialty board certification. Specialists in clinical medicine and surgery are unamenable to simplistic evaluation by examination, yet specialty board certification remains an *ersatz* standard of doctors' clinical quality in the absence of supporting evidence.

Summary

- Board certification does not provide any guarantees to the patient, physician or really to society beyond other organizations.
- Most general boards (and more specialty boards) are totally irrelevant in today's medical practice.
- There is no data supporting the requirement for board certification.

Board Certification as a Money-Maker

General surgery boards

**ABS RAKES IN...
\$2.5 MILLION a
year!**

Ap

+ \$1000 certification exam fee

\$ 2100 PER APPLICANT

Conclusion

- Board certification does not provide benefits for the patients.
- Certification does not provide benefits for the physician.
- The certification exam places unnecessary financial strain on applicants...FOR NO BENEFIT!