



Maintenance of Certification and the Neurosurgeon: Perception, Attitudes, and Areas for Improvement

Maya A. Babu MD MBA; Linda M. Liao MD, PhD, MBA; Fredric B. Meyer MD

Introduction

Assuring clinical competence throughout the career of a neurosurgeon is of paramount importance for patient safety. We present the first comprehensive survey of all neurosurgeons board-certified through the American Board of Neurologic Surgery (ABNS) to evaluate perceptions of Maintenance of Certification (MOC).

Methods

We administered a validated, online, confidential survey to 4,899 neurosurgeons (2,435 American Board of Neurological Surgery (ABNS) Diplomates participating in MOC, 1,440 Diplomates certified prior to 1999 (grandfathered), and 1,024 retired Diplomates). We received 1,247 responses overall (25% response rate). The majority of respondents were between 40-59 years old (62%), male (92%), and in practice 11-15 years (18.5%). The majority of respondents were in private practice (40%), and were ABNS board certified prior to 1999 (44%). The majority participate in MOC (61%).

Results

Most respondents believe that neurosurgeons should be required to participate in continuing professional improvement following initial board certification (75%). Most believe that specialty boards, working in conjunction with specialty societies, should require Diplomates to participate in programs meant to promote continuous professional development (73%). The majority of respondents (76%) believed that self-assessment tests constituted a meaningful professional development activity, in addition to periodic case log reviews (33%) or quality improvement projects (32.6%). The majority of respondents (44%) do not feel that the MOC process as currently structured provides them with value.

Conclusions

Developing methods to adequately and fairly assess the clinical knowledge of neurosurgeons is important for patient safety. Wide-spread frustration with current MOC testing methods among Diplomates is important feedback to the accrediting boards and a prompt to develop more clinically relevant assessment strategies. The goal of MOC should be to enrich understanding, instead of a tool to punish or shame Diplomates.

[Default Poster]

Learning Objectives

By the conclusion of the session, participants should be able to: (1) describe the four parts of the MOC process (2) understand several types of MOC used by other specialties (3) be familiar with some of the data regarding MOC and practice.

References

Please see manuscript