

Subspecialists Recertifying Only in Own Field

ABIM aims to make core recertification simpler with its new 'maintenance of certification' program.

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The internal medicine community is concerned about the number of subspecialists in internal medicine who are choosing to recertify in their specific fields rather than in core internal medicine.

Data from the American Board of Internal Medicine (ABIM) show that 87% of subspecialists are keeping their subspecialty certificate, but only 71% have renewed their certification in general or core internal medicine. Many of those in the latter group may be renewing in both core internal medicine and in their subspecialty, ABIM spokesman Leslie Goode said in an interview.

Interest in the general internal medicine certificate tends to vary by subspecialty, noted William E. Golden, M.D., an American College of Physicians regent, and professor of medicine and public health at the University of Arkansas, Little Rock, in an interview. For example, "60% of nephrologists recertify in core medicine, but the vast majority of cardiologists don't, if they recertify in cardiology," he said. The latest ABIM figures show that only 21% of cardiologists are renewing their core internal medicine certificate.

Subspecialists may be shying away from core internal medicine because they don't find it relevant, or because they're concerned they won't be able to pass the general recertification exam without intensive work. Technically, these subspecialists are internists and should be recertifying in the core discipline, said Dr. Golden, a member of the Liaison Committee on Recertification, a panel that was formed several years ago to advise the board new pathways for recertification.

"Most members of the committee believe that good physicians are better diagnosticians if they understand key issues beyond their area of interest," he said. The committee and ABIM "are actively trying to look at how recertification in core internal medicine reflects information that all internists should know, or is relevant to a subspecialty internist."

Most internists, no matter what their discipline, choose to recertify. Since 1990, the year that the ABIM began issuing 10-year certificates, nearly 80% of general internists with a time-limited certificate have recertified in core internal medicine.

The new "maintenance of certification" program that the ABIM plans to roll out in January 2006 may further test the staying power of general internal medicine, which has been hit hard by declining match rates. The ABIM reports that 20% of physicians who certified in internal medicine after 1990 are no longer practicing in the field, Ms. Goode said.

Early estimates are encouraging: Nearly two-thirds of ABIM diplomates with 10-year certificates have enrolled in the new program. In April, the board announced more flexible options for maintenance of certification, hoping to encourage internists without time-limited certificates to participate.

The steps required for maintenance of certification "are useful and important," but the process runs the risk of exacerbating the hassle factor, said Robert Hopkins, M.D., associate director of the medicine/pediatrics residency program at the University of Arkansas, Little Rock.

"Several of my colleagues in private practice—general internists and subspecialists—are concerned that the number of steps required for maintenance of certification [will] pose a major barrier to carrying out day-to-day patient care," Dr. Hopkins said. The ABIM faces challenges

in getting the message out to private practices about the value of recertification, he said.

Still, Dr. Golden expressed confidence in the new system. "In the past people have been anxious and uncertain about what it would mean," he said, but they have become more comfortable as the process has become clearer.

As part of its revision of the certification process, the ABIM plans to make it simpler to renew certificates in internal medicine and the subspecialties of internal medicine.

Diplomates will be able to use their own data or data they receive from a valid outside source—such as a group practice or insurer—toward credit for self-evaluation of practice performance. Credit will be available for participating in a quality improvement program, such as through a hospital or medical group, that meets ABIM standards. The program will retain its basic requirements, such as holding a clean license and passing a secure exam of medical knowledge.

Some insurance companies may require maintenance of certification, and it may be a prerequisite for physician privileges at hospitals, Dr. Golden said. Also, "licensure boards are increasingly looking for mechanisms to verify that physicians maintain competency, and there's been some talk that recertification would serve as a proxy for documentation for relicensure." ■

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