



## **A note from the NASPGHAN president on the ongoing dialogue between NASPGHAN and the American Board of Pediatrics (ABP).**

Dear NASPGHAN colleagues:

Over the past year, I have heard from many individuals about issues related to Certification for the American Board of Pediatrics. Many members are concerned about the high cost of certification, and about the new challenges posed by the maintenance of certification process. People have also raised questions about the test taking experience. To address the concerns of our members, NASPGHAN leadership began a fruitful and productive dialogue with Dr. David Nichols, the ABP president. I found Dr. Nichols has a good understanding of the issues, and is empathetic to the challenges physicians have in getting and keeping board certification. In short, I think he gets it.

Having said that, there are really no easy answers. Especially for a small subspecialty like ours, the costs of developing questions for a board exam are high. Each question is vetted and evaluated several times over, both before it is "launched" on a test, and after the test has been taken by diplomates. Since only 100-200 people take the pediatric GI test each year, (and even smaller numbers of people take other subspecialty boards), the ABP actually loses money on all their subspecialty board examinations. Thus, the costs are higher than test-takers would like, especially when they are taking the test for the first time. The Board is working to address the issue of costs. In fairness to the Board, I just paid \$710 dollars to renew my DEA number for 3 years, and I don't have any good way to voice my concerns to the DEA about that cost.

How about the test-taking experience itself? I too have recently experienced the "joy" of having to go to a Prometric testing center, where you have to present two forms of ID, take off shoes, put wallet and keys in a locker, sometimes get scanned with a metal detector, and generally feel like you are being incarcerated. I guess this company takes applicants for all kinds of tests, and has taken all these extreme measures to prevent cheating. It's an affront to my dignity, but I can stand it for a four hour period every 10 years. The test itself seemed fair; however, some of the questions address entities not commonly seen in GI practice. The test is supposed to test overall knowledge of the common and the rare, so I expected some trivia. That's why I studied the NASPGHAN board review book developed by Christine Waasdorp Hurtado, Judy Sondheimer, and the fellows committee before I took the test. I also know Jon Teitelbaum, Ivor Hill and the group of pediatric GI physicians on the ABP GI sub-board work hard to improve the fairness of the questions.

How about Maintenance of Certification Process? No question, MOC is more work than what we've had to do before. The "Part 2 MOC" (reading articles and answering questions about them on the ABP website) is very similar to getting CME credit. Melanie Greifer, Jennifer Strople, and the professional education committee are exploring if physicians who attend our annual meeting might be able to get part 2 MOC. The "Part 4 MOC" (aka participating in quality improvement activities) does take time, an investment of effort, and additional cost. To make this process as easy as possible, NASPGHAN has developed several low cost MOC modules on endoscopy, colonoscopy, failure to thrive, and informed consent. This effort (led by Jeannie Huang, chair of our MOC committee), will enable NASPGHAN members to perform board approved high value QI and obtain their part 4 credits. We are very grateful to Jeannie and her team for making these modules available to all our members at a very reasonable price, and we consider MOC to be one of the true "perks" of NASPGHAN membership.

Should you be board certified? Obviously, this is a personal decision, and your choice. I will state however, that board certification in pediatric gastroenterology is a metric of quality that many hospitals require. The Board takes its job seriously, and has high standards and rigorous requirements for those it certifies. Therefore many hospitals only employ board certified physicians. Some insurance companies may not reimburse physicians who are not board certified. Therefore, if you make a conscious decision to not become board certified, or to let your certification lapse, be aware that this may impact your ability to practice.

In summary, I would encourage NASPGHAN members to become and stay board certified. We will also continue to actively engage and work with ABP leadership. I have found the current ABP leadership to be fully aware of the issues surrounding certification, and working hard to make things better. NASPGHAN also offers many tools (including the journal articles selected for Part 2 MOC on

the ABP website, our NASPGHAN board review book supported by Nestle, and our part 4 MOC modules) to make the process as painless as possible for our members.

The essay above reflects my personal opinion. As always, I am happy to answer any questions on this or any other matter relevant to NASPGHAN at my office 617 355 2962, or by email at [athos.bousvaros@childrens.harvard.edu](mailto:athos.bousvaros@childrens.harvard.edu)

Sincerely,

A handwritten signature in cursive script that reads "Athos Bousvaros".

Athos Bousvaros MD

NASPGHAN President