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"But Wait! There's More…."

On days when our department administrator reminds me that I need to once again take the hospital online course on procedural sedation or that my ATLS certification is about to expire, or when our institutional review board e-mails me that it's time to retake the Research Compliance Training course to continue as a principal grant investigator, or when ABEM reminds me of how many Lifelong Learning and Self Assessments (LLSAs) I have completed and what else I must do before qualifying to take the next recertification exam—or all of the above—I can't help but wonder what it was like practicing medicine a hundred years ago, when the last thing some physicians ever read was the Hippocratic Oath at graduation.

It's not that I long for the "good old days" or that I yearn for life-*less* learning, but I do have a feeling that the ever-increasing number of excellent, required exercises, coming from so many different sources and lasting for so many varying lengths of time, are on the verge of spinning out of control. What I most long for is a monthly "bank statement" informing me of how much time I have left for each of these certifications, along with reminders about the ones that are about to expire, and where and when the most convenient recertification courses are held (perhaps the state ACEP chapters could play a role here).

I live and practice in a state that requires course work or training in infection control and barrier precautions at the time of initial license/registration and every 4 years thereafter, as well as course work or training in the identification of child abuse and maltreatment. Although my state is one of only nine that currently have no yearly CME credit requirement, it has mandatory reporting requirements for over two dozen medical/surgical conditions. My hospital is one of many that require physicians to complete online courses and competency exams in procedural sedation, central line placement, infection control, etc in order to obtain and retain specific hospital privileges and/or to be recredentialed every 2 years.

But the centerpiece of all of these postgraduate courses and requirements is the Maintenance of Certification (MOC) (seriously) program of the American Board of Medical Specialties (ABMS) and its 24 approved specialty boards.

In its original form, MOC focused primarily on a perceived need to have physicians annually read relevant and timely source material selected by their specialty boards and afterwards successfully complete open-book tests based on the material. Any hope that these exercises would replace the relatively new, anxiety-producing recertification exams (typically required every decade) was soon dashed by an insistence that both were important and that they would complement each other.

After adding several additional components to MOC over the years, ABMS announced in March of this year yet another set of standards "designed to further enhance physician qualification principles." The new standards include CME, participation in practice-based assessment and quality improvement, completion of a patient-safety self-assessment program and, for physicians involved with direct patient care, assessment of communication skills.

Considering the time and expense of fulfilling all of these requirements in this era of evidence-based medicine, it is not unreasonable to ask if there is solid evidence demonstrating that MOC improves patient outcomes or quality of care. At this time there is some, but probably not enough to satisfy a rigorous "evidence-based" analysis. In the end, though, whether it is evidence based or "faith based," and whether it is seen as essential or merely "merit badge medicine," we will do it all and keep on doing it all for as long as we need to and as long as we can, because it is probably a good thing and because we have no choice. □