



Office of the Dean, School of Medicine
Provost and Executive Vice President

September 4, 2020

Colleagues in Leadership at ABOto and ASPO,

I am writing to you today to express my thoughts on recently announced subcertification in Complex Pediatric Otolaryngology (CPO) through the American Board of Otolaryngology. For my colleagues at ABOto, I wish for these comments to be entered into the “record” of open comment related to the process and execution of CPO.

Let me start with the main points; I am grateful to the ABOto for taking up the consequential question of whether a process to subcertification in CPO is in the public good and girds the commitment by the ABOto and other professional societies in otolaryngology to pursue and demonstrate commitment to the highest standards of otolaryngologic care for pediatric patients. Without question, after many years of transparent discussion by many stakeholders, this question has been definitively answered in the affirmative. I believe this is the fundamental issue as we stand on the threshold of enacting this process for greater good. Having used an enormously comprehensive and transparent process to arrive at this conclusion, the remainder of my comments really become much less important. However, I will add some additional comments related to the recent considerations by some who oppose this process and its execution.

I was invited to a conversation last evening with pediatric otolaryngologists to discuss this process and some concerns that those in our subspecialty have about the exam. Those concerns centered around cost, timing, transparency of process, structure and format of the exam, need for the exam, who the exam benefits and “unintended” consequences around credentialing and practice. First and foremost, I want to congratulate the ABOto and ASPO leadership for having had a deep and detailed conversation on each of these topics in many different ways over the course of the past decade or more as the ABOto considered the CPO and then committed, in 2014, to moving forward with execution of the process to result in the subcertification. I also wish to acknowledge that those colleagues of mine who are not enthusiastic about this exam and process have concerns that I am not trying to minimize or dismiss. As I mentioned, they have all been discussed multiple times in multiple settings. But the overwhelming positives that exist for pediatric otolaryngology and otolaryngology as a whole greatly outweigh any of these concerns either alone or in aggregate.

Need/Benefit: There is a clear need for this examination which I know the leadership of ABOto and ASPO understand. It is related to the public good noted above. When choosing a physician for a complex problem in pediatric otolaryngology patients and families deserve, should they so choose, to be able to identify physicians who have gone through additional training and study and are able to demonstrate this expertise through a validated and standardized fashion. The subcertification process in CPO will accomplish this. Having participated from early in this process an additional critical rationale and benefit exists in the value brought forward to our learners (fellows) in pediatric otolaryngology. Without question, and demonstrated by the number of fellowships that have become ACGME accredited,



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the eventual linkage of an ability to sit for subcertification in CPO to an ACGME accredited specialty has already elevated the training for our fellows and brought consistency and predictability to the surgeons that are dedicating extra time in their career for this training. This elevation and consistency are of substantial benefit to these learners now and into the future and has also been a benefit for the greater public at large who entrust their care and that of their children to those receiving additional training. Additionally, the requirements of practice to sit for the exam, which have been expertly linked to the CPO process, also will ensure that those who are committing to this training will have the leverage, when they consider employment opportunities, to use the subcertification requirements and qualifications to negotiate a position that permits them to keep this active.

Cost: I wish to congratulate the ABOto for constructing a process and examination that is truly a nominal cost and for making the data so transparent about how the cost of the exam was determined and for benchmarking costs with other similar processes. I do not believe that this cost should be any hardship for the vast majority of those taking the exam. A couple of considerations: Some organizations have committed to a process to assess financial hardship for individuals taking exams. As I have led the Association of American Medical Colleges (AAMC) we have put in a process to allow those who feel that the cost of taking the MCAT is burdensome to easily apply for financial assistance for the exam. While I don't believe this is an issue for most of us out in practice in pediatric otolaryngology, we might consider this for those taking the exams for the primary certificate and CPO for the future. Some of our residents and fellows do have fairly significant financial considerations/burdens. ASPO and AAO-HNS have enormous resources and could be the initial "funders" of such a program (I don't think it should fall on ABOto). I would be happy to work with other leaders in this regard. It would demonstrate a willingness to hear the concerns about costs and to share resources with those who may be struggling. Finally, I believe so much in this process that I would be more than willing to sponsor someone who does have financial hardship for the CPO subcertification. Feel free to charge me double and give someone else a "free exam". I am not sure if other leaders would join such an effort – but just an idea.

Timing and Transparency: For those who have concerns in this regard, they just have not been paying attention. As mentioned above, there has been, and continues to be, ample opportunity for stakeholders to weigh in on the process.

Unintended Consequences: There was a robust discussion about unintended consequences related to CPO subcertification which ranged from economic, to call coverage to hospital privileging and credentialing. While these issues are considerations and have been discussed in detail, they simply are a side argument that exists in every era and instance in which there is a process to certify or provide credentials for a certain level of competency. Although I was not there, I am sure that there were Family Practitioners and General Surgeons who decried the ABOto's efforts to develop the primary certificate as exclusionary and detrimental to certain physician practices. Providing additional, well-defined and rigorous qualifications for those performing medical practice and having definable areas of expertise is simply the natural evolution of medical history and, over time, as noted in the initial paragraph, resulted in enhanced quality or progress.



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Exam Structure and Format: There were many comments about how ABOto has decided to construct this examination process and why there were not different processes for those who have completed their training many years ago. While there are many ways in which this could have been done, I am grateful to the leaders in otolaryngology at the ABOto that there was a robust and thorough and transparent conversation on this issue. The reality, in 10 years' time, and probably less, this will be a moot point. Fellows will simply take the exam when they complete their training and those that are currently pediatric otolaryngologists will have either decided that the CPO subcertification is desirable for them, or not, but will have moved off of their own individual circumstances and the rationale they have created for why something should be different.

In conclusion, I wished to enter some thoughts into the record. Most of what I have written above is not novel, but I think it is important and it has been part of the evolution of this process over time. I remain committed to seeing this process to its natural conclusion and, again, remain grateful to the ABOto for its steadfast commitment to our patients, families and specialty.

Best Regards,
Joe

A handwritten signature in black ink, appearing to read "J. Kerschner", written in a cursive style.

Joseph E. Kerschner, MD, FACS, FAAP
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