

## Recognized Focused Practice: Does Sub-Specialty Designation Offer Value to the Neurosurgeon?

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### Introduction

Vehicles for life-long assessment such as Maintenance of Certification tend to focus on generalist neurosurgical knowledge. However, as neurosurgeons advance in their careers, they tend to narrow their practice and increase volumes in certain specific types of operations. Failing to test the type of procedures most relevant to the practitioner is a lost opportunity to improve the knowledge and practice of the individual neurosurgeon. In our study, we assess the neurosurgical community's appetite for designations of board-certified Recognized Focused Practice.

### 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

49% of respondents felt that Recognized Focused Practice designation would not be helpful. For the 30% who felt that an RFP designation would be helpful, 61.3% felt that it would help with recognition by their hospital or practice, it would motivate them to stay current on medical knowledge (53.4%), or it would help attract patients (46.4%). For those not interested in pursuing a recognized focused practice designation, 66.6% stated it would not impact their daily care of patients, would not help their hospital or practice (58.9%), and would be another test to pay for (57.9%). The most popular suggestions for areas of Recognized Focused Practice designation were Spine (56.2%), Cerebrovascular (62.9%), Pediatrics (64.1%), and Functional/Stereotactic (52%). The majority of neurosurgeons (35.7%) felt that a Recognized Focused Practice designation should recognize neurosurgeons with accredited fellowship experience, non-accredited fellowship experience, and sub-specialty experience. For non-fellowship trained neurosurgeons to pursue Recognized Focused Practice, the majority of respondents believe that tracking case volumes (32.9%) should be utilized.

### Conclusions

Recognized Focused Practice may provide value to individual neurosurgeons, but the overall neurosurgical community shows tepid interest for pursuing this designation.

### Learning Objectives

By the conclusion of this session, participants should be able to 1) understand several Maintenance of Certification testing modalities 2) recognize the designations of Recognized Focused Practice currently in existence 3) understand some of the data on MOC and competency-based training

### References

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