MASSACHUSETTS MEDICAL SOCIETY HOUSE OF DELEGATES

Item #:	10
Code:	Resolution I-14 A-105
Title:	Massachusetts Opposition to Maintenance of Certification
Sponsor:	Katherine Murray, MD
Referred to:	Reference Committee A Michael Medlock, MD, Chair

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Whereas, Physician practice viability is an MMS strategic priority; and

Whereas, Physicians are among the nation's most rigorously trained professionals; and

Whereas, Requirements for maintaining the skills needed to serve their patients vary greatly depending upon patient population and treatments available; and

Whereas, The individual physician rather than nonmedical testing and psychometrics officials within Maintenance of Certification (MOC) is in a better position to determine how best to maintain the needed practice skills[1,2]; and

Whereas, Annual externally imposed study requirements enforce conformity rather than encourage the independence of thought, research, and investigational pursuits essential for innovative professional careers and creative medical scientists[3,4]; and

Whereas, Physicians prefer independent lifelong learning and collaboration with universities and specialty societies to define medical excellence within their profession rather than MOC test scores[5,6]; and

Whereas, Specialty Boards statisticians and test designers have applied an industrial-based modified Angoff Standard for determining the minimum level of subspecialty competence while this standard is known to fail in medicine, science, and clinical issues of high complexity[7,8]; and

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[1] Centor RM, Fleming DA, Moyer DV. "Maintenance of Certification: Beauty Is in the Eyes of the Beholder." *Annals of Internal Medicine* 2014; 161: 226–27.

[2] Slovic P, Finucane ML, Peters E, et al. "The Affect Heuristic." *European Journal of Operational Research* 2007; 177: 1333–52.

[3] Iglehart JK, Baron RB (bee). "Ensuring Physicians' Competence — Is MOC the Answer?" *New England Journal of Medicine* 2012; 367: 2543–49.

[4] McCollum AM, Austin C, Nawrocki J, et al. "Investigation of the First Laboratory-Acquired Human Cowpox Virus Infection in the United States." *Journal of Infectious Diseases* 2012; 206: 63–68. *(NOTE: The gifted "second physician" infectious disease specialist who suspected and confirmed the cowpox scenario was not Board certified in infectious disease.)*

[5] Marshall JL. "Taking the Boards: A Frisking, then a Mugging." *Medscape Oncology* March 20, 2014. www.medscape.com..

[6] Mandrola J. "Call Time-Out for the ABIM MOC Mandate." Medscape Multispecialty April 1, 2014. www.medscape.com. *(NOTE: Over 15,000 petition signatures begun at the American College of Cardiology meeting.)*

[7] United States Customs and Border Protection, Angoff Procedure. 2008.

Whereas, Many believe the direct and indirect costs of mandatory recertification are unprecedented in other businesses or health care professions; and

Whereas, High cost MOC programs divert physician funds and require significant physician time commitments away from their practices and patient care services[9], empowering nonmedical regulators and insurers while disenfranchising patients and physicians[10,11]; and

Whereas, In the opinion of some, mandatory recertification reduces patient access to care by encouraging early retirement of physicians who are providing excellent, much needed care; and

Whereas, In the opinion of some, MOC revenues finance generous executive salaries and private, tax-exempt, high revenue professional testing industry and a corporate testing monopoly [12]; and

Whereas, Linkage of a physician's hospital staff privileges solely to MOC recertification violates The Joint Commission (formerly JCAHO) medical staff credentialing recommendations (Section 482.22 a2)[13] ; and

Whereas, There is no current Massachusetts Medical Society (MMS) policy calling for opposition to mandatory MOC requirements for physicians and physicians already board-certified; therefore, be it

(Adopted as Amended language:)

1. **That the MMS acknowledge that the requirements within the Maintenance of Certification process are costly and time intensive, and they result in significant disruptions to the availability of physicians for patient care. *(HP)***

2. **That the MMS acknowledge that after initial specialty board certification, the MMS affirms the professionalism of the physician to pursue the best means and methods for maintenance and development of their knowledge and skills. *(HP)***

3. **That the MMS reaffirms the value of continuing medical education, while opposing mandatory Maintenance of Certification as a requirement for licensure, hospital privileges, and reimbursement from third party payers. *(HP)***

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[8] Verheggen MM, Muijitjens AM, et al. "Is an Angoff Standard an Indication of Minimal Competence of Examinees or of Judges?" *Advances in Health Sciences Education: Theory and Practice* May 2008; 13: 203–11.

[9] AMA Council on Medical Education, Report 10. "An Update of MOC, Osteopathic Continuous Certification, and Maintenance of Licensure." June 2012.

[10] Fisher W. "When We Reward Regulators More Than Doctors." May 6, 2014. http://drwes.blogspot.com.

[11] Kempen P, Christman K. "MOC update: Maintenance of Certification and the Regulatory Capture of Medicine." Association of American Physicians and Surgeons (AAPS) Webinar March 23, 2014.

[12] Havighurst CC, King NM. Private credentialing of health care personnel: an antitrust perspective. Part Two. *American Journal of Law and Medicine* 1983; 9: 263-334

[13] The Joint Commission. "Comprehensive Accreditation Manual for Hospitals." 2012. Conditions of Participation, Program: Hospital, Chapter: Medical Staff. Elements of Performance. A-0341 (10-17-2008), Interpretive Guideline Section 482.22 (a) (2), pp. 180-81. http://www.jcrinc.com . https://e-dition.jcrinc.com.

4. **That the MMS communicate our position regarding Maintenance of Certification to the AMA, specialty societies, universities, and physician and industry groups involved with independent continuing medical, clinical, and scientific education.**
(HP)

Fiscal Note: No Significant Impact
(Out-of-Pocket Expenses)

FTE: Existing Staff
(Staff Effort to Complete Project)