Self-regulation of the Medical Profession and Maintenance of Certification

To the Editor The Viewpoint[1] regarding maintenance of certification (MOC) requirements and Texas Senate bill (SB) 1148 asked practicing physicians to make a leap of faith that many cannot accommodate. Unfortunately, that leap of faith is central to the author's argument.

As Dr Johnson pointed out, self-regulation is a core attribute of the learned professions. It encompasses the responsibility and authority to establish and enforce standards of education, training, and practice. Physicians routinely defend that responsibility and authority in advocating against the intrusion of all third parties (such as government, private insurers, or hospital administrators) into the practice of medicine.

However, as evidenced by their comments at the Texas Medical Association and American Medical Association House of Delegates and at the committee hearings on SB 1148, many physicians today simply do not acknowledge the certifying boards as "self." They are, instead, profit-driven organizations beholden to their own financial

interests.[2] The MOC process is too expensive,[3] requires physicians to take too much time away from their patients and families, and, most importantly, lacks sufficient research to document the benefits to patient care. Many physicians say the information studied and tested has little applicability to their day-to-day practice.[4]

Thus, the certifying boards, for all their talk of ensuring physician competence in a world of rapidly expanding scientific and clinical knowledge, are not "self." In fact, they are now one of the outsiders intruding into the practice of medicine.

Until and unless the boards acknowledge their position as outsiders and completely overhaul their processes, finances, and lack of transparency, physicians in Texas and across the nation will have no choice but to continue to seek statutory defenses against these third-party intrusions into the medical profession.

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To the Editor Dr Johnson opposed Texas SB 1148, legislation negating most economic and professional consequences of MOC nonparticipation.[1] Several statements presented in support of this position are debatable.

The Viewpoint stated that MOC participation is "associated with improved patient care." However, in the study cited, MOC participation had no effect on the primary end point, ambulatory care-sensitive hospitalizations among Medicare beneficiaries.[2] More generally, data linking MOC participation to clinically important outcomes is lacking for most disciplines.[3] It is difficult to argue that SB 1148 will have any discernable effect on health outcomes based on current evidence.

Similarly, it is asserted that "participation in MOC can instill a sense of professional responsibility and a measure of confidence" and that patients expect "physicians to undergo periodic recertification."[1] However, in a 2015-2016 survey, most physicians viewed MOC activities as burdensome, of limited relevance, and chiefly as a vehicle for specialty boards to generate revenue.[4] Not surprisingly, these respondents thought that MOC status was of little consequence to patients.

Furthermore, Johnson argued that SB 1148 "weakens the claim to self-regulation" by the profession. This argument would be more compelling if there existed greater alignment between those organizations dedicated to ensuring the competence of physicians (ie, the educational community) and those responsible for professional oversight (ie, state licensing boards). Such alignment is virtually nonexistent. For example, although board certification eligibility for a primary care specialty requires 3 years of postgraduate education (the fewest years of training of any specialty), physicians can practice independently after completing a 1-year internship in most states.[5] This disconnect suggests that the profession's claim to self-regulation is already weak; anti-MOC legislation simply exemplifies this weakness.

Finally, the Viewpoint characterized the passage of SB 1148 as a "pyrrhic" victory that may establish "a precedent for additional governmental intervention into the practice of medicine."[1] An alternative interpretation is that SB 1148 is the culmination of a strategic political grassroots organization in response to an issue about which physicians feel tremendous passion, and represents pushback against national entities perceived as out-of-touch, unresponsive, and conflicted. Statutes comparable with SB 1148 have now been enacted in several states. By liberating physicians to pursue continuous professional development activities tailored to their individual practices, such legislation has the potential to enhance both quality of care and professional satisfaction.

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