

## COMMENTARY: ABIM sends a follow-up letter

BY KARMELA K. CHAN, M.D.

A month ago the American Board of Internal Medicine sent a letter to diplomates saying they “got it wrong,” referring to the process of maintenance of certification, or MOC, that the board required. They acknowledged that “parts of the new program are not meeting the needs of physicians like yourself.” Some of the things they proposed include changing the content of the internal medicine recertification exam to be “more reflective of what physicians in practice are doing,” with a promise that subspecialty recertification exams will follow suit. They also talk about “new and more flexible ways ... to demonstrate ... medical knowledge,” likely making room for the continuing medical education credits that state licensures require.

Although the letter was evidence that physician grievances were being heard, it was widely criticized for not having gone far enough. Questions remained about the financial and time cost of cer-

tification, the relevance of the exam, and the motivation of the board.

Well, ABIM has written us again. Except it's still not saying much. They simply say that they have been listening to feedback, and they list some points about what they've been hearing and are presumably going to take into consideration. In summary, they are recognizing that while we all agree that we need a way for physicians to keep up on their medical knowledge, there is “a shared sense that defining ‘keeping up’ is the work of the whole community, including physicians, specialty societies, patient groups, and health care institutions.”

They proceed to outline what they've heard and will presumably consider, including the suggestion that the recertification exam be eliminated completely, and that CME units count toward recertification. Like I said, they didn't say much. But this is promising. Particularly telling is the part where they acknowledge that the job of defining “keeping up” does not fall solely on, as a

friend put it, people that sit in their ivory towers and are removed from the daily grind of patient care.

Apropos of all this, I recently got my first 10 points toward MOC by taking a 30-question exam posted by the American College of Rheumatology. Each question comes with a list of references that you can review should you need or want to. To my great surprise, one of the references was in German. So what does that tell you about the people writing the questions and the process they use? What does that tell you about the validity of the questions as a measure of my competence and ability to treat people?

Exams like the board's are a measure of test-taking skills and retention, neither one of which is a true measure of what a capable, competent physician should be. ABIM is imposing on us an onerous and ill-conceived tool, one that most physicians agree is irrelevant. I am glad this conversation is happening, because frankly the process was enough to make me want to quit being a doctor.

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DR. CHAN



# from the **Trenches**”

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## **ABIM MUST CHANGE ITS APPROACH TO MOC**

For “about face” to have meaning that will help doctors and will heal the bitter feelings that for too long have festered will require extensive changes in the philosophy of MOC (maintenance of certification) and the *modus operandi* of the leadership of the American Board of Medical Specialties: (“ABIM does about-face on changes to MOC” (*Medical Economics eConsult*, February 4, 2015).

To begin with, after passing their initial board exams doctors should never lose their certification and become decertified. That this has happened is clear evidence of how even the very organizations that are supposed to help doctors can lose their focus and be harmful.

The implications and uncertainty over MOC have undermined physicians’ peace of mind for far too long. Being exploited and treated with indifference has made many doctors lose faith in the ABIM to treat them fairly. It will take years and positive action to restore the faith that has been lost. Without it future success and acceptance are impossible.

To show their commitment to rapprochement with the medical community, the primary care boards (internal medicine, family medicine and pediatrics) would do well to allow anyone who has failed their last recer-

tification to retake them free of charge.

Whatever future shape and direction the ABIM and the other primary care specialties take on, doctors must include rigid safeguards to protect their professionalism. Lacking them, the risk is great that after a grace period the ABIM will resume its aristocratic airs and promote its influence with the public, state medical boards, the Federation of State Medical Boards, hospitals, and medical societies to control doctors.

The primary care specialties (internal medicine, family medicine and pediatrics) require special attention because many primary care doctors, after finishing training and passing their initial boards, tailor their practices to the demographics of their communities and the availability of specialist care. As a result no one knows better than they which areas of they need to update their knowledge in. They should be allowed to choose their own updating.

It will be interesting to see what the future of MOC will look like. Right now it is still an ugly duckling.

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## **REGULATORY BARRIERS HINDER GOOD PATIENT CARE**

Regarding the letters in your February 10, 2015 issue concerning medical malpractice: