Dear Colleague,

As the physician community knows well, the American Board of Medical Specialties (ABMS) program on Maintenance of Certification (MOC) is onerous. It imposes unjustifiable financial costs on physicians, distracts from treating patients, and is not tied to better patient outcomes (see https://nbpas.org/moc-journal-club/). On September 10th, the U.S. Department of Justice (DOJ) in an opinion letter regarding a Maryland bill to promote competition in certification (see link below), explained that MOC may also harm competition, “increasing the cost of healthcare services to customers” and in particular by “imposing overly burdensome conditions on physicians who wish to maintain their certification.” The government expressed concerns about dominant entities like ABMS that are comprised of “active market participants” because they may have incentives to stifle competition.

On September 18th, ABMS responded on their website (see link below). The ABMS response said nothing about the Justice Department’s concerns that MOC may harm competition. It made no reference to the government’s suggestion that ABMS implement internal procedures to ensure its decisions reflect the public interest. As the Justice Department recognized, competitors like the National Board of Physicians and Surgeons (NBPAS) can provide physicians with much-needed alternatives to MOC and encourage certification agencies to offer the best possible programs. ABMS’s statement that it “supports and encourages a competitive marketplace for specialty certification” is little more than lip service. In its next breath, ABMS rejects a meaningful role for other certifying entities, suggesting its competitors lack rigor and will confuse patients. ABMS asserts that, “when compared to any other specialty certification programs, ABMS Boards can clearly demonstrate the superiority of their certification programs in giving useful information to hospitals, payers, and patients” and yet ABMS is unwilling to take steps internally or support legislation that will facilitate that very comparison. ABMS can only point to illusory fears of harm to patients, while ignoring the very real harm to patients and physicians that an uncontested MOC has wrought and continues to wreak upon the medical community.

Contrary to ABMS suggestions, NBPAS offers a rigorous certifying credential. In some ways, its certification is more demanding than that of the ABMS. For example, NBPAS requires good standing with respect to hospital admission privileges, which is absent from most ABMS member board requirements. Indeed, initial ABMS board certification is a requisite of the NBPAS credential. The difference is NBPAS uses continuous certification criteria that reflect what doctors need to practice at the highest level. The truth is that ABMS does not want competition in MOC. ABMS has used the MOC program to generate windfall revenues, harming doctors and patients alike.

NBPAS will continue to promote competition and, in so doing, a more effective and diverse menu of physician continuing certification options. As more hospitals and payers recognize the value of the NBPAS continuous certification over the MOC credential, such competition will require all certifying bodies to offer the best and most effective programs that reflect the needs of the medical community. This is the virtue of competition. The Maryland legislation being considered is one small but significant step in promoting a better educated and less burdensome certification standard. NBPAS thanks the DOJ for recognizing the need for reform.

DOJ opinion letter: https://www.justice.gov/atr/page/file/1092791/download

To join NBPAS, go to NBPAS.org

Sincerely,
NBPAS Board Members

Paul Teirstein, M.D., President NBPAS, Chief of Cardiology, Scripps Clinic
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Eric Topol, M.D., Chief Academic Officer, Scripps Health; Director & Founder, Scripps Translational Science Institute, Executive VP, Scripps Research
Bonnie Weiner, M.D., Professor of Medicine, University of Massachusetts Medical School
Mathew Williams, M.D., Chief, Division of Adult Cardiac Surgery, New York University Medical Center