

Dear Colleagues,

Last year, in response to a continued groundswell of MOC criticism, the ABMS formed an independent “Vision Commission” on MOC. On December 11, 2018, after listening to 21 hours of testimony, the Vision Commission released its Draft Report. Although the draft accurately describes many MOC deficiencies, it contains little, if any specific, immediately actionable, recommendations for change. **The Commission report clearly describes physician harm due to MOC. As physicians, we learn “first, do no harm.” Therefore, we believe it is essential the Commission recommend an immediate moratorium on several harmful components of MOC.**

To review the commission’s draft report, [CLICK HERE](#).

The Vision Commission requests public comment to the draft by January 15th, 2019. To provide your personal comments directly to the commission’s website, [CLICK HERE](#).

To facilitate responses to the draft report, the National Board of Physicians and Surgeons (NBPAS) has created a prepared, online, petition-like comment you can quickly sign which we will submit to the commission. If you agree with the NBPAS comments, it will take you under 2 minutes to click and digitally sign the document.

To review and sign the prepared comment, CLICK BELOW. All you will be asked for is your name and state. While optional, we encourage you to note if you are a physician, and provide your email.

[Click here to review and, if in agreement, sign the comment](#)

After submitting you will see the current tally

A COPY (PREVIEW) OF THE PREPARED “PETITION-LIKE” COMMENT IS BELOW:

To ABMS Vision Commission:

Although the report accurately describes many MOC deficiencies, it contains little, if any specific, immediately actionable, recommendations for change. As physicians, we learn “first, do no harm.” The Commission’s draft report clearly documents significant physician harm resulting from current MOC requirements^{1,2}. Therefore, until generally acceptable and/or truly evidence-based practices are developed, the Commission must recommend an immediate moratorium on the most questionable components of MOC.

Specific recommendations should include:

- 1. An immediate end to requiring secure, high stakes examination components of MOC.** As described in the Commission report, exam questions are difficult to tailor to the individualized content of established physician practices³, and do not reflect real world physician access to colleagues/internet⁴ (i.e. systems-based practice). Additionally, robust evidence does not exist that correlates physician grades on secure MOC exams, with patient outcomes.⁵⁻⁷
- 2. An immediate end to requiring Quality Initiative (QI)/Practice Improvement (PI) components of MOC.** As described in the Commission report, many current QI/PI requirements are onerous (overly burdensome), and often duplicate other physician mandates.⁸⁻¹⁰ Additionally, robust evidence does not exist that correlates current QI/PI requirements of MOC, with improved patient outcomes.⁵
- 3. Retention of the CME and Professionalism (licensure etc.) components of MOC only.**
- 4. A reduction in fees charged for MOC, preferably, to under \$100/year, irrespective of the number of certifications maintained.** As described in the Commission report, fees charged for MOC should be the minimum necessary.¹¹ ABMS member boards should adjust their expenses

accordingly.¹² While not within its mandate, the Commission should consider recommending member boards also vastly reduce fees charged for initial certification (currently \$2,950 for several boards). Charging high fees to young physicians, just entering practice, contradicts our standards of professionalism. Further, as alluded to in the report, to maintain board credibility, independent financial oversight is required to ensure expenses, including employee compensation/travel, are reasonable.¹³

To view references, see below.

If not already, please consider obtaining continuing board certification by the National Board of Physicians and Surgeons at NBPAS.org

PLEASE PASS THIS EMAIL ON TO YOUR COLLEAGUES, MEDICAL STAFF AND NON-PHYSICIAN STAKEHOLDERS.

Thank you,
Paul Teirstein, MD
NBPAS, President
Chief of Cardiology, Scripps Clinic

[Click here to review and sign comment](#)

References from the Vision Commission draft report:

1. Commission report, page 25, para 5: "The Commission heard compelling testimony from all stakeholders that loss of certification can lead to loss of employment or certain employment opportunities for diplomates or loss or reimbursement from insurance carriers." **2.** Commission report, page 25, para 5: "It is not the intent of the ABMS Boards for continuing certification to be used as the only criterion for credentialing and privileging decisions. ABMS does not support the credential being used as the sole criterion to deny a diplomate an employment opportunity or loss of insurance reimbursement." **3.** Commission report, page 14, para 9: "Diplomates cited that the content of the examination was not relevant, was not a reflection of the application of knowledge in the clinical environment and was not current with advances in medicine." **4.** Commission report, page 15, para 1: "Diplomates routinely access medical knowledge on their computers and smartphones while providing patient care. Assessments that rely exclusively on knowledge recall are not aligned with how diplomates practice." **5.** Commission report, page 28, para 3: "There are gaps in the research evidence that conclusively demonstrate that diplomate participation in continuing certification leads to better patient outcomes." **6.** Commission report, page 15, para 3: "It is recommended that the ABMS boards no longer use a single point-in-time examination (or single point-in time assessments) as the only measure to determine the continuing certification status of a diplomate. In addition, the Commission recommends ABMS Boards move to truly formative assessment approaches that are not high-stakes nor highly-secured formats." **7.** Commission report, page 15, para 3: "Diplomates did not consider more frequent, shorter assessments done in a highly-secured or remote proctoring environment (e.g. ABIM's Knowledge Check-in) to be formative, but rather just more frequent high-stakes assessments in a different form." **8.** Commission report, page 17, para 3: It is acknowledged that measuring practice improvement can be challenging." **9.** Commission report, page 19, 3rd para: "The Commission appreciated the practical and significant difficulty placed on diplomates for meeting practice improvement requirements." **10.** Commission report, page 19, 3rd para: "...diplomates did not find value in check box activities or activities not relevant to practice. Diplomates complained that requiring multiple PDSA (Plan-Do-Study-Act) cycles in a quality improvement activity or requiring improvement in an activity in order for the activity to count in the certification program was onerous and artificial." **11.** Commission report, page 28, para 2: "Fees charged to diplomates should be the minimum necessary to finance Board operations and to have sufficient reserves to invest in programmatic initiatives that advance the quality and applicability of certification programs." **12.** Commission report, page 30, para 4: "Some diplomates who testified expressed how they did not trust their Boards to appropriately manage resources. Specific issues include how some Boards have used diplomate fees in the past as well as how these Boards have transferred funds to associated foundations. They also questioned the judgement of the Boards leadership compensation, locations of board meetings, and other expenses not viewed as justifiable for certification programs." **13.** Commission report, page 29, para 2: "Boards' finances were perceived as very opaque. Transparency about the efficiency of operations, the appropriateness of fees, and the stewardship of funds was essential to increasing diplomates trust."