

## **14-104: MEDICAL SOCIETY OF VIRGINIA OPPOSES MAINTENANCE OF CERTIFICATION**

*RESOLVED, that the Medical Society of Virginia supports the following American Medical Association policies*

### **H-275.950 Board Certification**

*Our AMA (1) reaffirms its opposition to the use of board certification as a requirement for licensure or reimbursement; (2) seeks an amendment to the new Medicaid rules that would delete the use of board certification as a requirement for reimbursement and would address the exclusion of internal medicine, emergency medicine, or other specialties; and (3) opposes mandatory MOC as a condition of medical licensure, and encourage physicians to strive constantly to improve their care of patients by the means they find most effective.*

*(Res. 143, A-92; Reaffirmed by Res. 103, A-98; Reaffirmation A-00; Reaffirmed: CME Rep. 16, A-09; Appended: CME Rep. 6, A-14)*

### **H-275.924 Maintenance of Certification**

*AMA Principles on Maintenance of Certification (MOC):*

1. *Changes in specialty-board certification requirements for MOC programs should be longitudinally stable in structure, although flexible in content.*
2. *Implementation of changes in MOC must be reasonable and take into consideration the time needed to develop the proper MOC structures as well as to educate physician diplomates about the requirements for participation.*
3. *Any changes to the MOC process for a given medical specialty board should occur no more frequently than the intervals used by each board for MOC.*
4. *Any changes in the MOC process should not result in significantly increased cost or burden to physician participants (such as systems that mandate continuous documentation or require annual milestones).*
5. *MOC requirements should not reduce the capacity of the overall physician workforce. It is important to retain a structure of MOC programs that permit physicians to complete modules with temporal flexibility, compatible with their practice responsibilities.*
6. *Patient satisfaction programs such as The Consumer Assessment of Healthcare Providers and Systems (CAHPS) patient survey would not be appropriate nor effective survey tools to assess physician competence in many specialties.*
7. *Careful consideration should be given to the importance of retaining flexibility in pathways for MOC for physicians with careers that combine clinical patient care with significant leadership, administrative, research, and teaching responsibilities.*
8. *Legal ramifications must be examined, and conflicts resolved, prior to data collection and/or displaying any information collected in the process of MOC. Specifically, careful consideration must be given to the types and format of physician-specific data to be publicly released in conjunction with MOC participation.*
9. *The AMA affirms the current language regarding continuing medical education (CME): "By 2011, each Member Board will document that diplomates are meeting the CME and Self-Assessment requirements for MOC Part 2. The content of CME and self-assessment programs receiving credit for MOC will be relevant to advances within the diplomate's scope of practice, and free of commercial bias and direct support from pharmaceutical and device industries. Each diplomate will be required to complete CME credits (AMA Physician's Recognition Award (PRA) Category 1, American Academy of Family Physicians Prescribed, American College of Obstetricians and Gynecologists, and or American Osteopathic Association Category 1A)."*
10. *MOC is an essential but not sufficient component to promote patient-care safety and quality. Health care is a team effort and changes to MOC should not create an unrealistic expectation that failures in patient safety are primarily failures of individual physicians.*

*(CME Rep. 16, A-09; Reaffirmed: CME Rep. 11, A-12; Reaffirmed: CME Rep. 10, A-12; Reaffirmed in lieu of Res. 313, A-12; Reaffirmed: CME Rep. 4, A-13; Reaffirmed in lieu of Res. 919, I-13)  
and be it further*

*RESOLVED, that MSV opposes maintenance of certification as a mandated requirement for licensure, credentialing, or reimbursement.*

**Updated information to this resolution:**

Policy statement was added to the compendium.

MSV staff forwarded this resolution to Virginia's delegation to the AMA for the 2014 Interim AMA meeting.

At the 2014 AMA Interim meeting, Resolution 926 – Maintenance of Certification was introduced and the HOD decided to substitute Resolution 920 and was adopted as amended in lieu of AMA Resolutions 920, 926, 928 and 929.