

Physicians at AMA meeting rip call for maintenance of certification

By [Andis Robeznieks](#)



Rather than test physicians every six to 10 years to certify whether they have kept current with their training, the American Board of Medical Specialties has sought to make it a continuous, ongoing process through maintenance of certification programs, but physicians at the annual **American Medical Association** House of Delegates meeting in Chicago pushed back hard and criticized the program as too time consuming, too expensive and having too little value.

Arguing that “the examination process needs to be examined,” delegates on Monday voted 275-192 to solicit an independent third party to evaluate the effects of MOC on physician workforce, physicians' practice costs, patient outcomes, patient safety and patient access. Along with the ABMS MOC program, the study would also look at the Federation of State Medical Boards' **proposed maintenance of licensure program** and the American Osteopathic Association's **Osteopathic Continuous Certification** process.

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A report by the AMA Council on Medical Education was presented at the meeting, and it noted that the AMA advocates for the **MOC process** to be “as efficient, effective, and evidence-based as possible,” but delegates at the meeting said it was none of these.

Maintenance of certification was also criticized during a **June 15 debate between Dr. Joseph Annis and Dr. Robert Wah**, two candidates who vied to be the AMA's next president-elect. Wah was selected.

The council's report and five resolutions calling for limits on maintenance of certification programs were on

the **agenda** of one of the eight reference committees hearing debate Sunday. It was then brought before the full House of Delegates Monday as one of the last business items of the day.

“Specialty board certification is also becoming a **frequent requirement** for credentialing by hospitals, health systems and health insurance plans,” according to the Council on Medical Education report. “Physicians without specialty board certification have difficulty obtaining hospital privileges and are usually precluded from serving on medical school faculties. As MOC gains acceptance among healthcare agencies, state medical boards, medical associations, private healthcare organizations and health plans, there will be a need to create synergy in healthcare improvement efforts and minimize overlap of requirements providers must meet.”

A resolution from the International College of Surgeons delegation called on the AMA to recommend that recertification not be a requirement for hospital credentialing. The New York delegation introduced two resolutions: calling for the AMA to oppose any maintenance of certification mandates until research proves a link between certification and improved patient outcomes, and the other calling on the ABMS to publish detailed reports of their revenues and expenses as well as the evidence supporting each component of the maintenance of certification process.

The Oklahoma delegation introduced a resolution calling for the AMA to oppose “discrimination by hospitals or employers, state licensure boards, insurers, Medicare, Medicaid and other entities, which might restrict a physician’s right to practice medicine without interference (including economic discrimination by varying fee schedules) due to lack of certification or participation” in certification. And the Young Physicians Section called for the ABMS and the AOA to streamline their requirements and to identify areas where the two organizations could use the data already reported to the CMS for **Physician Quality Reporting System** to fulfill requirements for MOC and OCC.

The reference committee, chaired by Idaho family physician A. Patrice Burgess, suggested that, instead of passing the proposed resolution, delegates accept the Council on Medical Education’s report ,but with several new recommendations added. The recommendations from the reference committee included: Continued monitoring of the “evolution” of MOC, MOL and OCC; examining the evidence supporting MOC programs and determining the need for its exams; ensuring full transparency of the costs, preparation and scoring of MOC exams; ensuring that the exams “do not result in significant financial gains” for the specialty boards; and aligning MOC reporting requirements with those of CMS programs.

The New York delegation introduced the call for an independent study that was added to the report, and the addition was supported by delegations from Massachusetts, New Jersey, Texas and others.

Dr. Joseph Sellers of New York spoke at Sunday’s committee meeting and said the medical specialty boards have to show more accountability and transparency with how they spend the fees they charge and with the evidence upon which they base maintenance of certification requirements.

Dr. Leah McCormack, a past president of the Medical Society of New York, said that while she is not subject to recertification requirements, she found the process onerous and insulting.

“If I see 15 patients a day, that’s 15 tests a day,” she said. “And I have to get an ‘A’ on each one.”

Other speakers on Sunday referred to the process as an “abomination” and a “sham.”

This prompted Dr. John Moorhead, president of the American Board of Emergency Medicine and chairman of the ABMS MOC committee, to note that he “feels the love” and urged the delegates to keep the feedback coming.

But he also noted that the ABMS was conscious of the cost and burden of the maintenance of certification process.

Moorhead added that the ABMS has evidence to support its processes and that the specialty boards were committed to producing more.

Dr. Lois Nora, ABMS president and CEO, said in an interview after the committee meeting that “the statements that there is no evidence just are incorrect,” and she noted that the **ABMS website** includes an evidence library.

She added that the ABMS is also looking into ways to make taking the test more convenient and less expensive, including secure methods of at-home testing.