In early March, we presented the case of a physician who had certificates of unlimited duration from the American Board of Internal Medicine (ABIM) in both internal medicine and endocrinology, in Clinical Decisions, an interactive feature designed to assess how readers would manage an issue for which there may be more than one appropriate recommendation. The physician was active at an academic teaching center, although the majority of his time was spent delivering care in the outpatient setting. Readers were asked to advise him to either enroll or not enroll in the ABIM’s current maintenance of certification (MOC) program.

A total of 2512 votes were cast. (The distribution of the 2466 votes that could be attributed to a continent or region is shown in Fig. 1.) A striking majority (63%) of the votes were for the recommendation not to enroll in the current MOC program. More than 80% of the respondents were board-certified physicians. There were interesting differences in voting by physicians with time-unlimited certification (often called “grandfather” status) and those without time-unlimited certification. The recommendation to enroll in the current MOC program was chosen by a greater proportion (39%) of the board-certified physicians without grandfather status, who will need to decide whether to enroll in the MOC program themselves, than board-certified physicians with grandfather status (23%).

More than 10% of the readers who voted also

Figure 1. Percentage of Participants Choosing Each Recommendation Regarding the Current Maintenance of Certification (MOC) Program of the American Board of Internal Medicine for a Physician with “Grandfather” Status.

The total number of participants who voted and the percentage who chose each recommendation are shown for each continent or region. An interactive graphic that includes the total number of votes and percentages according to country is available at NEJM.org.
provided comments, with nearly two thirds of the comments including an opinion about why enrollment in the MOC program is the wrong decision. Specifically, many readers felt that the cost of MOC far outweighed the educational benefit and that the MOC program was essentially a money-generating activity for the ABIM. Others, many of whom reported previous enrollment in MOC, felt that the exercise was only marginally relevant to their day-to-day practice and that it took their time away from patients and other learning activities. In contrast, many of those who voted for enrollment in MOC expressed a belief that all physicians should be held to the same standard and should demonstrate on a regular basis that their medical knowledge is up to date. Among those who commented in favor of MOC were several physicians who had enrolled despite their grandfather status and felt that the process was beneficial and effective. A series of comments, from both those voting for and those voting against enrollment in the MOC program, supported the concept of MOC but argued for refinement of the process to make it more topical and pertinent to the practicing clinician as well as more time-efficient.


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