

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 311  
(I-16)

Introduced by: Michigan

Subject: Prevent Maintenance of Certification Licensure and Hospital Privileging Requirements

Referred to: Reference Committee C  
(Martin D. Trichtinger, MD, Chair)

---

1 Whereas, Board certification is a vigorous and arduous process; and  
2  
3 Whereas, Board certification has been long accepted as a measure of tested expertise; and  
4  
5 Whereas, Continuing medical education (CME) has been required to insure continuing expertise  
6 and as a condition for license renewal; and  
7  
8 Whereas, Maintenance of certification (MOC) is a fairly new process with unproven benefit that  
9 is a separate process from board certification and CME; and  
10  
11 Whereas, The American Board of Medical Specialties has been trying to link MOC with state  
12 licensure requirements; and  
13  
14 Whereas, Some hospitals are now requiring MOC for privileging; and  
15  
16 Whereas, There are no evidence-based studies that the newly required MOC enhances  
17 physician performance or patient care; and  
18  
19 Whereas, The MOC process is expensive and disruptive in physicians' lives and practices; and  
20  
21 Whereas, The MOC process decreases a physician's time available for patient care; and  
22  
23 Whereas, There have been numerous resolutions attempting to point out the problems of MOC;  
24 and  
25  
26 Whereas, Despite these resolutions, MOC abuses persist; therefore be it  
27  
28 RESOLVED, That our American Medical Association (AMA), consistent with AMA Policy  
29 H-275.924, vigorously advocate by legislation, regulation, or other appropriate activity to prevent  
30 the use of maintenance of certification as a licensing requirement in any state; (Directive to  
31 Take Action) and be it further  
32  
33 RESOLVED, That our American Medical Association amend AMA Policy, Maintenance of  
34 Certification H-275.924, Bullet No. 15, by addition to read as follows:  
35  
36 15. The MOC program should not be a mandated requirement for licensure,  
37 credentialing, hospital privileging, reimbursement, network participation or employment.  
38 (Modify Current HOD Policy)

1

Fiscal Note: Not yet determined

Received: 09/30/16

## RELEVANT AMA POLICY

### Maintenance of Certification H-275.924

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 that specialty 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 permits 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 are neither 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. Our AMA affirms the current language regarding continuing medical education (CME): "Each Member Board will document that diplomates are meeting the CME and Self-Assessment requirements for MOC Part II. 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 PRA Category 1 Credit™, American Academy of Family Physicians Prescribed, American College of Obstetricians and Gynecologists, and/or American Osteopathic Association Category 1A)."
10. In relation to MOC Part II, our AMA continues to support and promote the AMA Physician's Recognition Award (PRA) Credit system as one of the three major credit systems that comprise the foundation for continuing medical education in the U.S., including the Performance Improvement CME (PICME) format; and continues to develop relationships and agreements that may lead to standards accepted by all U.S. licensing boards, specialty boards, hospital credentialing bodies and other entities requiring evidence of physician CME.
11. MOC is but one component to promote patient safety and quality. Health care is a team effort, and changes to MOC should not create an unrealistic expectation that lapses in patient safety are primarily failures of individual physicians.
12. MOC should be based on evidence and designed to identify performance gaps and unmet needs, providing direction and guidance for improvement in physician performance and delivery of care.
13. The MOC process should be evaluated periodically to measure physician satisfaction, knowledge uptake and intent to maintain or change practice.
14. MOC should be used as a tool for continuous improvement.
15. The MOC program should not be a mandated requirement for licensure, credentialing, reimbursement, network participation or employment.
16. Actively practicing physicians should be well-represented on specialty boards developing MOC.
17. Our AMA will include early career physicians when nominating individuals to the Boards of Directors for ABMS member boards.

18. MOC activities and measurement should be relevant to clinical practice.
  19. The MOC process should not be cost prohibitive or present barriers to patient care.
  20. Any assessment should be used to guide physicians' self-directed study.
  21. Specific content-based feedback after any assessment tests should be provided to physicians in a timely manner.
  22. There should be multiple options for how an assessment could be structured to accommodate different learning styles.
  23. Physicians with lifetime board certification should not be required to seek recertification.
  24. No qualifiers or restrictions should be placed on diplomates with lifetime board certification recognized by the ABMS related to their participation in MOC.
  25. Members of our House of Delegates are encouraged to increase their awareness of and participation in the proposed changes to physician self-regulation through their specialty organizations and other professional membership groups.
- Citation: 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; Appended: Sub. Res. 920, I-14; Reaffirmed: CME Rep. 2, A-15; Appended: Res. 314, A-15; Modified: CME Rep. 2, I-15; Reaffirmation A-16; Reaffirmed: Res. 309, A-16

#### **An Update on Maintenance of Licensure D-275.957**

- Our American Medical Association will:
1. Continue to monitor the evolution of Maintenance of Licensure (MOL), continue its active engagement in discussions regarding MOL implementation, and report back to the House of Delegates on this issue.
  2. Continue to review, through its Council on Medical Education, published literature and emerging data as part of the Council's ongoing efforts to critically review MOL issues.
  3. Work with the Federation of State Medical Boards (FSMB) to study whether the principles of MOL are important factors in a physician's decision to retire or have a direct impact on the U.S. physician workforce.
  4. Work with interested state medical societies and support collaboration with state specialty medical societies and state medical boards on establishing criteria and regulations for the implementation of MOL that reflect AMA guidelines for implementation of state MOL programs and the FSMB's Guiding Principles for MOL.
  5. Explore the feasibility of developing, in collaboration with other stakeholders, AMA products and services that may help shape and support MOL for physicians.
  6. Encourage the FSMB to continue to work with state medical boards to accept physician participation in the American Board of Medical Specialties maintenance of certification (MOC) and the American Osteopathic Association Bureau of Osteopathic Specialists (AOA-BOS) osteopathic continuous certification (OCC) as meeting the requirements for MOL and to develop alternatives for physicians who are not certified/recertified, and advocate that MOC or OCC not be the only pathway to MOL for physicians.
  7. Continue to work with the FSMB to establish and assess MOL principles, with the AMA to assess the impact of MOL on the practicing physician and the FSMB to study its impact on state medical boards.
  8. Encourage rigorous evaluation of the impact on physicians of any future proposed changes to MOL processes, including cost, staffing, and time.
- Citation: (CME Rep. 3, A-15; Modified: CME Rep. 2, I-15)

#### **MOC Provisions of Interstate Medical Licensure Compact D-275.955**

- Our American Medical Association will, in collaboration with the Federation of State Medical Boards and interested state medical boards, request a clarifying statement from the Interstate Medical Licensure Compact Commission that the intent of the language in the model legislation requiring that a physician "holds" specialty certification refers only to initial specialty certification recognized by the American Board of Medical Specialties or the American Osteopathic Association's (AOA's) Bureau of Osteopathic Specialists and that there is no requirement for participation in ABMS's Maintenance of Certification or AOA's Osteopathic Continuous Certification (OCC) program in order to receive initial or continued licensure under the Interstate Medical Licensure Compact.
- Citation: (Res. 235, A-15)