

## FROM THE SOCIETY: PART III

## SGIM Participates in ABIM Summit on Maintenance of Certification (MOC)

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**M**edical societies like SGIM allow a community of physicians to speak with a single voice. Recently, many individuals have contacted SGIM as well as the American Board of Internal Medicine (ABIM) (directly) to express concern over the recent changes in MOC requirements. SGIM has joined with other medical societies to relay these and other concerns to the ABIM and work collaboratively to improve the MOC process. On July 15, 2014, ABIM convened a meeting of internal medicine leaders in Philadelphia, PA, to respond to concerns over changes in MOC. Fifty-three delegates representing 27 societies participated. SGIM representatives were Eric Green, chair, MOC Task Force, and Eric Bass, immediate past president of SGIM. Representing ABIM were ABIM's executive staff as well as many members of ABIM's board of directors and council.

The meeting opened with an opportunity for each society to relay concerns expressed by its members. Although the opinions of individual speakers ranged from supportive to frankly critical, there was widespread agreement that many physicians felt that the new MOC requirements were "overwhelming" or might be the "straw that broke the camel's back." While participants endorsed a commitment to the principles of life-long learning, they agreed that there were many opportunities to improve the MOC process and that this was a key time for the internal medicine community to unite in this effort.

Although some speakers expressed unique concerns to their

specialty or subspecialty, in general most of the feedback was consistent. A number of areas of concern emerged from the discussion, including:

1. Lack of proven overall benefit of the revised MOC program due to dearth of research in this area and possible unintended consequences, such as departure of older or part-time clinical physicians from the clinical workforce;
2. Costs of MOC, both in terms of actual dollars paid to ABIM and time and opportunity costs required by the MOC process;
3. Fairness of the new process to physicians who were certified before 1990 and previously were exempt from MOC;
4. Implementation of the MOC program, which needs to address harmonization between activities previously undertaken by physicians and MOC, the ability of both physicians and others to use and create ABIM-approved MOC products, and opportunities for physician-researchers and administrative physicians to meet MOC requirements; and
5. The secure exam, including the relevance of material and format, its utility as a formative feedback mechanism, and the burden placed on sub- and sub-specialists.

As a society, our remarks highlighted the importance of an MOC process that could support internists practicing in ambulatory care, hospi-

talist-based, research-based, and administrative settings.

It is clear after this meeting that ABIM's leadership has a clear understanding of the concerns of current ABIM diplomates. At the time of writing of this column, ABIM has already committed to:

1. A one-year "grace period" should a physician fail a recertification exam (Otherwise, those individuals might have lost certification while awaiting a second attempt on the exam.);
2. A more flexible approach to approving MOC modules that should allow professional societies (like SGIM) to more easily produce modules that serve physicians' diverse needs;
3. Transformation of a previously announced "patient survey" requirement into a "patient voice" requirement that is more flexible (The ABIM will release more details for this requirement, not mandated in 2018, at some point in the future but will allow current work to be applied retroactively for this requirement.); and
4. Reduction in requirements for data collection for "practice assessment" modules (formerly practice improvement modules), including facilitating use of quality improvement and practice assessment projects already ongoing.

In addition, the ABIM has pledged to continue its efforts to change the secure exam and make its own finances more transparent.

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The ABIM has also indicated that further change is likely as the board of directors and council respond to the constructive feedback that has been offered. As your representatives to the ABIM, we will continue to both relay your concerns to the

board and the board's ongoing refinement of MOC to you.

*Addendum:* On July 28, ABIM responded in writing to the concerns raised by professional societies. In addition to the changes

referenced above, there is a strong commitment to improving communication between societies and the ABIM to help the "house of medicine" continue to improve the MOC process.

*SGIM*