

Changes in Maintenance of Certification (MOC)

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On February 3, most of us opened an e-mail from the American Board of Internal Medicine (ABIM) with the header “We got it wrong. We’re sorry.” The changes in the Maintenance of Certification (MOC) process launched on January 1, 2014,¹ have been subject to much criticism from physicians, ranging from online petitions to negative editorials and comments in major medical journals. SGIM, along with other major medical societies, has had active dialogue with ABIM to help them understand the concerns and frustrations felt by many physicians who believed the changes in MOC were the equivalent of the “straw that broke the camel’s back.” With his e-mailed apology, ABIM President and CEO Richard Baron, along with the Board of Directors, demonstrated that they “heard” us and were willing to listen to the voices of the “house of medicine.”

First, let’s examine what changed:

1. **Costs.** ABIM agreed to freeze costs of its MOC program until 2017. Of note, ABIM had previously announced reductions in fees associated with the MOC secure exam.
2. **Reporting.** Within six months, ABIM will change its public reporting language from “Certified, Meeting MOC requirements: YES/NO” to “Certified, Participating in MOC YES/NO.”
3. **Requirements.** The practice assessment, patient voice, and patient safety requirements have been suspended for at least two years.¹ Points earned from activities in these areas will continue to count toward the total required for MOC.
4. **Secure Exam.** Starting this fall, the internal medicine MOC

secure exam will implement changes to make it “more reflective of what physicians in practice are doing.” Of note, ABIM discussed changes in content (not in format), so for the near future the exam will remain a closed-book multiple-choice question test.

5. **Medical Knowledge Activities.** ABIM is rapidly moving toward broader recognition of medical knowledge activities including live activities, journal-based continuing medical education (CME), and point-of-care CME that can count for MOC credit.

At the same time, the Board did not modify many of the fundamental changes in MOC implemented in 2014, including:

1. Continuous MOC (i.e. some activity every two years),
2. More MOC than before (i.e. 100 points every five rather than 10 years), and
3. Reporting MOC status on all physicians, including those with life-long certification previously exempted for MOC requirements.¹

What do these changes say about ABIM and the future of MOC? First, ABIM is in the midst of a number of transformations. They have begun to systematically incorporate both non-academic physicians and non-physicians in their governance structure. Their assessment 2020 project has long been underway to explore new methods of verifying cognitive expertise outside of the traditional multiple-choice question exam. Finally, they have publicly stated their intention to collaborate more closely with professional societies such as SGIM in fu-

ture efforts. The sentiments expressed in the e-mail suggest that these changes are more than superficial.

Fundamentally, however, MOC is probably here to stay. Few question the ideals of MOC—after all, continuous enhancement of knowledge and skills is a cornerstone of good medical practice. Our concern has always been with the details so that the time (and money) we spend in MOC actually achieves these goals. Hopefully, a re-tuned ABIM committed to working with SGIM and other medical societies to improve MOC will gradually get all of the details right.

Although many have questioned the need for ABIM or its MOC program, the concerns of the public outlined by ABIM and the American Board of Medical Specialties when constructing the MOC programs are real. Patients equate board certification with an endorsement of competence and not a measure of passing minimal standards. In this instance, ABIM has demonstrated an unprecedented responsiveness to our concerns. It is hard to imagine any other group abruptly halting the implementation of a new change and almost inconceivable that they would place the words “We’re sorry” in the header of their correspondence to physicians.

On June 16, 1858, Abraham Lincoln stated, “A house divided against itself cannot stand.” It is time for the “house of medicine” to reunite to address our need to ensure competence throughout an individual’s lifetime in practice. Hopefully, the apology offered by ABIM will be an important initial step.

Reference

1. <http://www.sgim.org/File%20Library/SGIM/Resource%20Library/Forum/2014/Aug2014-09.pdf>