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The Members Speak: Results from a SGIM Member Survey about Maintenance of Certification (MOC)

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In January 2014, the American Board of Internal Medicine (ABIM) created the world of Maintenance of Certification (MOC) 2.0, increasing the requirements for demonstrating up-to-date knowledge in internal medicine (IM) as well as including new patient safety and "patient voice" requirements. In the new era of MOC, those with "grandfathered" status (i.e. certified prior to 1990) would be labeled as "not meeting MOC requirements" if they did not sit and pass the secure exam by 2024. These changes prompted an outcry from the IM community. The ABIM listened and has since made a number of significant changes. In February 2015, the president of the ABIM sent the now famous "We got it wrong" letter to diplomates,[1] which was followed by regular updates throughout the course of the year. Some of the changes that the ABIM has made include:

- Suspending the practice assessment, patient voice, and patient safety requirements through December 31, 2018;
- Changing the wording describing physician status reported on the ABIM website from "meeting MOC requirements" to "participating in MOC";
- Revising the blueprint for the secure MOC exam to focus on topics commonly addressed by internists; and
- Partnering with the Accreditation Council for Continuing Medical Education (ACCME) to allow selected continuing medical education (CME) activities to also count for MOC.

Table 1. Disagreement with New 2014 MOC Requirement

New 2014 MOC Requirement	% of respondents who disagree/strongly disagree
The new MOC requirement of some MOC activity every two years (instead of 100 points every 10 years) is a positive change.	59%
The new MOC requirement of 100 points of MOC every five years (instead of 100 points every 10 years) is a positive change.	73%
The new MOC Patient Survey (now called "Patient Voice") requirement is a positive change.	79%

Most recently the ABIM released a commissioned report, Assessment 2020, that among other things recommended replacing the every-10-year exam with more frequent, smaller, likely home-based assessments.[2] The ABIM is currently reviewing this report and discussing whether and how to implement these types of changes.

In an effort to understand how SGIM members feel about the MOC process, the SGIM MOC Task Force surveyed the SGIM membership via GIM Connect from January through April 2015. The survey contained eight items and inquired about members' overall impressions of MOC at that time, their opinions about the 2014 increased requirements for MOC, and their preferences for specific medical knowledge, practice assessment, patient safety, and patient voice modules.

Since the survey closed at the end of April (after the annual meeting in Toronto), there have been additional changes to MOC. Interestingly, our survey found the changes in MOC requirements to be largely congruent with the SGIM membership's opinions expressed in the survey. We are releasing our results here to stimulate further reflection and discussion.

Over the four-month survey period, 146 out of the approximately 3,400 GIM Connect subscribers completed the survey. The survey was designed as a needs assessment to solicit opinions from our members but not as a scientifically rigorous instrument. The respondents were a self-selected group who may be expressing particularly strong views of MOC.

Of the 146 respondents, 98.6% were currently ABIM certified, and 85.3% were currently enrolled in MOC. Of those not enrolled in MOC, 40% were certified before

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Table 2. Respondent Scores for Medical Knowledge Modules

Medical Knowledge Module	Average score *1 = strongly not recommend* *3 = neutral* *5 = strongly recommend*
ACP MKSAP 15	4.0
ACP MKSAP 16	4.0
ACP Online High Value Care Cases	3.9
ABIM 2012-14 Update in Hospital Medicine	3.7
ABIM 2011-14 Update in Internal Medicine	3.7
NEJM Interactive Medical Cases	3.7
ABIM 2012-14 Update in Geriatric Medicine	3.6
ABIM 2011 Update in Hospice and Palliative Medicine	3.6
NEJM Knowledge+ Internal Medicine Review 1-8	3.6
SGIM: Cultural Competence and Disparities in Health/Healthcare	3.5

Table 3. Respondent Scores for Practice Assessment Modules

Practice Assessment Module	Average score *1 = strongly not recommend* *3 = neutral* *5 = strongly recommend*
CDC: STEADI Fall Prevention Quality Improvement Program	4.3
ABIM Clinical Supervision Practice Improvement Module (PIM)	4.0
ABIM Completed Project PIM	3.7
ABIM Palliative Care for Primary Care & Subspecialist Physicians PIM	3.7
ABIM Cancer Screening PIM	3.5

1990 and were "grandfathered" into the program, and an additional 33% planned to enroll in MOC but had not yet had a chance to do so. Of the remaining respondents not enrolled in MOC, several commented that enrolling in MOC was not worth the time and the cost.

Just over half (56%) of survey respondents agreed/strongly agreed with the statement: "MOC is an important professional responsibility." In contrast, the majority of respondents disagreed/strongly disagreed with the 2014 changes that significantly increased MOC requirements as shown in Table 1.

Regarding the new patient safety requirement, 49% of the respondents disagreed/strongly disagreed that it was a positive change, and an additional 45% were neutral about the change.

In line with these survey results, the ABIM has suspended the patient voice and patient safety requirements through December 31, 2018. The ABIM has not made any changes to either the requirement for some MOC activity every two years or to the requirement for 100 points of MOC activity every five years. Allowing continuing medical education activities to count for MOC, however, will certainly make reaching these point totals much easier for diplomates.

Although there will now be many more ways to accumulate MOC points, we were interested in learning which medical knowledge and practice assessment modules were the most popular among SGIM members. Using a five-point scale, the medical knowledge modules that respondents would most strongly recommend to a colleague are presented in Table 2.

Nonetheless, even the highest-ranked modules may not be viewed as very valuable since 47% of respondents disagreed/strongly disagreed with the statement that the medical knowledge modules "…are an accurate test of my medical knowledge" and another 41% were neutral about this statement. It remains to be seen whether activities that have traditionally counted for CME credit will be seen as accurate assessments of medical knowledge.

Also using a five-point scale, the practice assessment modules respondents would most strongly recommend to a colleague are included in Table 3.

A full 73% of respondents disagreed/strongly disagreed with the statement: "The current MOC practice assessment products are a useful way to measure quality in my practice." As noted above, the ABIM has currently suspended all practice assessment requirements through December 31, 2018.

The majority of the free text comments expressed negative opinions about MOC, including concerns about high costs, lack of relevance to daily practice, the limited value of doing "busy work," difficulty for researchers or others to fulfill certain

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requirements, and requests to have access to clinical resources during the secure exam. Some representative comments included:

- "MOC feels like busy work."
- "The primary problem with MOC is that questions are often too academic—not covering the 'meat-and-potatoes' concepts that practicing internists in the community deal with on a daily basis."
- "CME should be counted toward MOC. Most of the courses I take or teach are much more pertinent to my practice than MOC materials."
- "Verification of competency by periodic testing is not a valid approach."
- "The exam questions did not reflect the way I practice general internal medicine.… Other board groups allow their members to take exam questions from their office or home, look up the answers for self-directed learning, and then submit their answers for certification. This is something the board should consider."
- "I do not think I will take the exam 10 years from now—too much time, money, and effort."

A number of the changes implemented and planned by the ABIM address the issues above, including revising the blueprint for the secure exam, allowing CME to count for MOC, and potentially doing away with the 10-year secure exam altogether.

There were also a few respondents who noted that MOC is an important professional responsibility as reflected in these comments:

- "I am generally in favor of requiring some sort of meaningful, relevant continuing education for physicians..."
- "While a bit inconvenient, I think that there is a social contract between the profession/GIM specialty to stay ahead of evidence, promote safety, promote hi [sic] value care, promote the preservation of Medicare, teach trainees in a high-quality effective way…. The MOC requirements are just a way to keep us honest. It's not too tough on me to meet the obligations of the program because I'm simultaneously doing it and teaching it..."
- "MOC is an important concept and a good idea..."

Overall, the ABIM is moving in a direction concordant with the views expressed in this survey of SGIM members. Although MOC 2.0 only went into effect at the beginning of 2014, since then we have seen a rapid change in course by the ABIM. We also see the recommendations of the 2020 task force as a very forward-thinking approach to the concerns about MOC and will be very interested in possible implementation solutions to making MOC "work" for the physicians enrolled.

References

1. Baron RJ. ABIM announces immediate changes to MOC Program. ABIM News, February 3, 2015.
2. Assessment 2020 Task Force findings to focus discussion of changes to ABIM certification and maintenance of certification. ABIM News, September 16, 2015.

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