June 20, 2016

The Pennsylvania Medical Society (PAMED) believes that continual professional development, lifelong learning, and providing quality patient care based on the best science and evidence to guide medical decision-making is the fundamental cornerstone of what it means to be a physician.

For two years, PAMED leadership has had numerous meetings with senior management at the American Board of Internal Medicine (ABIM) with the purpose of representing our members’ high levels of dissatisfaction with the ABIM Maintenance of Certification (MOC) program. Early in this process, we concluded that the reason ABIM leadership was so out of touch with practicing physicians was because nearly every member of the ABIM’s board is not involved in the full-time practice of seeing patients.

We attempted to work collaboratively with ABIM’s leadership to help them better understand that their punitive process is needlessly time-consuming and takes physicians away from their patients. We demonstrated to them that their process is exorbitantly and unnecessarily expensive compared to other continuing medical education activities through which medical knowledge and excellence in patient care can be maintained and demonstrated. Most importantly, we clearly expressed to the ABIM that the content and available medical resources of their secure, high-stakes computer exams bear little to no relevance to the care we render to our patients in our offices and hospitals.

Through their marketing efforts, the ABIM has worked hard to give the impression that their recertification exam demonstrates competency. However, despite numerous calls to substantiate this assertion, the ABIM has been unable to provide reliable independent evidence that a secure, high-stakes exam—taken every 10 years by some and for which others are “grandfathered” and therefore exempt—leads to better patient care. This is because while the overwhelming majority of practicing physicians pass the ABIM recertification secure, high-stakes computer exams, this test and the MOC process have no correlation to how well a doctor can take care of a patient.

Shockingly, countless medical leaders, numerous national mainstream publications, and several forensic accounting reviews have published information which suggests that the ABIM’s motivation for their recertification process was primarily driven by little more than financial mismanagement. If true, what makes these actions so deplorable to physicians is that it was perpetuated on all of us by our colleagues whom we mistakenly believed were part of our medical family.
In response to the overwhelming pressure being placed on their leadership, the ABIM has begun a public relations campaign with a barrage of emails and blog posts to create an illusion that they have the ability and the desire to correct this problem. As our PAMED Board reviews these emails, we believe that the ABIM’s motivation and ultimate program will continue to have as their cornerstone the creation of as financially lucrative a position as possible for their Board and their misguided foundation.

It is for all of these reasons that I announced at the American Medical Association’s (AMA) Annual Meeting last week in Chicago that the Board of the Pennsylvania Medical Society has voted a position of NO CONFIDENCE in the leadership of the Board of the American Board of Internal Medicine. We believe that their current leadership is not capable of reforming the process in an academically meaningful and fiscally responsible way.

ABIM leadership has issued an apology for instituting their January 2014 MOC program. The ABIM has admitted that all three aspects of the program were improperly designed and deeply flawed. Millions of dollars were spent by the ABIM in preparation for this program. It can be argued that the January 2014 MOC program was the most expensive mistake in the history of medical education.

In keeping with the consensus of PAMED members and physicians across the country who are embittered with the practices of ABIM, we call for the immediate replacement of the entire ABIM Board and leadership with new leadership, representative of physicians actively participating in the full-time practice of clinical medicine.

In the absence of this happening in a timely manner, we plan on calling on ALL specialty boards and societies to listen to their members and to work to remove the MOC process from ABIM oversight.

Our PAMED Board is committed to aggressively advocating for all physicians on this important issue. We hope to see more meaningful progress in the coming weeks. We will explore every avenue to bring about meaningful MOC reform and will plan on keeping all PAMED members informed on any progress made in our efforts.

Most sincerely,

Scott E. Shapiro, MD, FACC, FCPP
President

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