Physician Survey Reveals Widespread Dissatisfaction with Maintenance of Certification (MOC)

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Author: J. Scot Chadwick, Legislative Counsel, PAMED

Responding to widespread physician frustration with specific aspects of Maintenance of Certification (MOC), the Pennsylvania Medical Society (PAMED) recently surveyed Pennsylvania physicians to identify concerns and gather suggestions for improving the board recertification program.

Background
The American Board of Medical Specialties (ABMS) is a non-profit organization of approved medical boards, officially referred to as the "Member Boards," which represent 24 broad areas of specialty medicine. In 2000, the 24 Member Boards of the ABMS agreed to evolve their recertification programs to one of continuous professional development – Maintenance of Certification (MOC).

ABMS MOC is intended to assure that physicians are committed to lifelong learning and competency in a specialty and/or subspecialty by requiring ongoing measurement of six core competencies adopted by ABMS and the Accreditation Council for Graduate Medical Education (ACGME): (1) Professionalism, (2) Patient Care and Procedural Skills, (3) Medical Knowledge, (4) Practice-based Learning and Improvement, (5) Interpersonal and Communication Skills, and (6) Systems-based Practice.

Survey Highlights
While all physicians agree with the need for and commitment to continuing professional education and lifelong learning, MOC has become controversial.

PAMED surveyed Pennsylvania physicians and received more than 850 responses. Highlights include:

- **88 percent** expressed their disapproval to the Part IV Practice Performance Assessment — benchmarking of patient care data through practice assessments and patient surveys.
- **65 percent** expressed their disapproval to the Part III requirements — passing a cognitive examination every five-10 years.
- **72 percent** agreed that the Part III exam is punitive and potentially jeopardizes physician credentialing and reimbursement.
- **77 percent** agreed with the statement that MOC requirements take too much time away from direct patient care.
- **67 percent** said they do not support the concept of MOC.

The bottom line: Physicians are widely dissatisfied with MOC.
The 24 ABMS Member Boards set the criteria and curriculum for each specialty. The four-part MOC process includes:

**Part I — Licensure and Professional Standing**
Medical specialists must hold a valid, unrestricted medical license in at least one state or jurisdiction in the U.S., its territories, or Canada.

**Part II — Lifelong Learning and Self-Assessment**
Physicians participate in educational and self-assessment programs that meet specialty-specific standards that are set by their member board.

**Part III — Cognitive Expertise**
Physicians demonstrate, through formalized examination, that they have the fundamental, practice-related and practice environment-related knowledge to provide quality care in their specialty.

**Part IV — Practice Performance Assessment**
Physicians are evaluated in their clinical practice according to specialty-specific standards for patient care. They are asked to demonstrate that they can assess the quality of care they provide compared to peers and national benchmarks and then apply the best evidence or consensus recommendations to improve that care using follow-up assessments.

In 2006, all Member Boards received approval of their ABMS MOC program plans. The boards are now in the process of implementation. The 2015 ABMS Standards for MOC are available at [http://www.abms.org/media/1109/standards-for-the-abms-program-for-moc-final.pdf](http://www.abms.org/media/1109/standards-for-the-abms-program-for-moc-final.pdf).

**Physician Concerns with MOC**
While all physicians agree with the need for and commitment to continuing professional education and lifelong learning, MOC has become controversial. Many physicians view it as confusing, costly, time-consuming, and a poor method of demonstrating continued proficiency in one’s specialty. While objections have been raised to several parts of the MOC process, most of the opposition has centered around Part III (the examination) and Part IV (the practice performance assessment).

Some physicians complain that the Part III examination may not provide an accurate measure of cognitive expertise. Further, the examinations are expensive, and failure to pass can have severe consequences, including loss of hospital privileges, exclusion from insurer networks, and preclusion from teaching at medical schools. Additional penalties are forthcoming in 2015, when Medicare penalties are on the way for not participating in the Physician Quality Reporting System (PQRS). MOC is included in PQRS. Others note that the closed book examination style does not mesh with the practice of medicine today that requires the ability to access current medical information quickly in a more open manner.

However, physician concern seems to focus most strongly on Part IV, the Practice Performance Assessment. Requirements of the various specialty boards vary widely, even among similar specialties.
For example, there are significant differences between the Part IV requirements established by the American Board of Family Medicine and the American Board of Internal Medicine. A chart provided by ABMS documenting those significant differences is available at http://www.abms.org/media/1317/abms_memberboardsrequirements_moc_partiv_10_14.pdf.

Survey Results
To assess the extent to which these concerns are reflective of the concerns of Pennsylvania’s physicians, PAMED conducted a survey of Pennsylvania physicians in the fall of 2014.

PAMED received more than 850 survey responses, approximately half coming from physicians practicing in primary care specialties. Three-fourths of the respondents indicated that they are required to recertify with an examination every ten years, while the remainder said they are grandfathered out of doing so. The results clearly confirmed the widespread physician dissatisfaction with MOC.

Opposition to the MOC Part IV Practice Performance Assessment, requiring benchmarking of patient care data through practice assessments and patient surveys, was overwhelming, with 88 percent of respondents expressing their disapproval and only 12 percent registering support.

The Part III requirement of MOC – passing a cognitive examination every 5-10 years – fared little better among those surveyed, with 65 percent of respondents expressing disapproval and only 35 percent voicing support. Seventy-two percent also agreed that the Part III examination is punitive and potentially jeopardizes physician credentialing and reimbursement, while only 17 percent disagreed.

The Part II requirement – earning points by completing accredited CME specific to the physician’s practice – received tepid support, with 58 percent of respondents conveying support and 42 percent expressing opposition.

However, the Part II requirement was the only aspect of MOC that garnered any meaningful degree of support, as responses relating to the cost, effectiveness, and impact of MOC on patient care were strongly negative.

Significantly, 77 percent of respondents agreed with the statement that MOC requirements take too much time away from direct patient care, and an even larger 89 percent said that the fees associated with MOC are excessive. Only 13 percent believed that their specialty board’s requirements for MOC are reasonable and appropriate, only 8 percent said MOC effectively identifies their unmet educational needs, and just 13 percent indicated that the process of MOC improves their skills and quality of care.

Perhaps revealing a concern that the specialty boards are out of touch with active practice physicians, 91 percent of respondents agreed with the statement that persons involved in setting MOC requirements should be actively practicing physicians directly engaged in patient care.

Two-thirds of respondents said they do not support the concept of MOC.

The bottom line: Physicians are widely dissatisfied with MOC.
The survey also asked physicians for suggestions regarding how the MOC process could be improved, and received several hundred open-ended responses. PAMED is currently working through those responses.

**PAMED Actions**

PAMED and its member physicians are strongly committed to lifelong learning and continuous improvement. However, it is clear from the survey results that there are serious problems with the manner in which ABMS MOC seeks to achieve those goals. Prior to the survey, PAMED was already responding to physician concerns. At PAMED’s 2013 and 2014 annual meetings, delegates adopted the following policies:

- **Resolved, that the Pennsylvania Medical Society acknowledge that the certification requirements within the Maintenance of Certification (MOC) process are costly, time intensive, and result in significant disruptions to the availability of physicians for patient care.**
- **Resolved, that the Pennsylvania Medical Society oppose mandatory MOC as a condition of medical licensure, and encourage physicians to strive constantly to improve their care of patients by the means they find most effective.**
- **Resolved, that the Pennsylvania Medical Society petition the American Medical Association (AMA) to work with the American Board of Medical Specialties (ABMS) to eliminate from the requirements of MOC practice performance assessment modules as a first step in making MOC less onerous.**

In July 2014, the PAMED Board of Trustees also established a board Task Force on Continuous Professional Education. In addition to drafting the survey of Pennsylvania physicians, the Task Force developed the following Statement of Principles on Maintenance of Certification, which the Board of Trustees adopted in September.

- **The Pennsylvania Medical Society is committed to lifelong learning, cognitive expertise, practice quality improvement, and adherence to the highest standards of medical practice.**
- **The Pennsylvania Medical Society supports a process of continuous learning and improvement based on evidence-based guidelines, national standards, and best practices, in combination with customized continuing education.**
- **The Maintenance of Certification (MOC) process should be designed to identify performance gaps and unmet needs, providing direction and guidance for improvement in physician performance and delivery of care.**
- **The Maintenance of Certification (MOC) process should be evaluated periodically to measure physician satisfaction, knowledge uptake and intent to maintain or change practice.**
- **Board certificates should have lifetime status, with Maintenance of Certification (MOC) used as a tool for continuous improvement.**
- **The Maintenance of Certification (MOC) program should not be associated with hospital privileges, insurance reimbursements or network participation.**
- **The Maintenance of Certification (MOC) program should not be required for Maintenance of Licensure (MOL).**
• Specialty boards, which develop Maintenance of Certification (MOC) standards, may approve curriculum, but should be independent from entities designing and delivering that curriculum, and should have no financial interest in the process.

• A majority of specialty board members who are involved with the Maintenance of Certification (MOC) program should be actively practicing physicians directly engaged in patient care.

• Maintenance of Certification (MOC) activities and measurement should be relevant to real world clinical practice.

• The Maintenance of Certification (MOC) process should not be cost prohibitive or present barriers to patient care.

PAMED took these principles to the American Medical Association’s November 2014 Interim Meeting, and succeeded in efforts to convince the AMA to adopt a similar set of principles.

PAMED will now use the survey results to determine the next steps in the Society’s ongoing effort to address physician concerns with MOC and maximize the effectiveness of programs that advance lifelong learning and continuous improvement. Steps already under way include:

• Meeting directly with specialty boards to share concerns and seek improvements to MOC.

• Issuing a formal Statement of Concern to draw attention to the problems with MOC.

• Continuing to work with the AMA to address physician concerns at the national level.

• Working to develop recommended improvements to the MOC process.