

## Appendix A

### Maintenance of Certification

- I. Concerns shared by National Medical Specialty Societies and State Medical Societies
  1. Purpose of a secure exam, a summative evaluation tool vs. lifelong learning, a formative process.
  2. Lack of independent data to reflect that MOC enhances quality/patient care.
  3. Variation amongst different boards in MOC process and pass/fail rates.
  4. Direct and indirect costs to individual physicians.
    - Exam fees to their respective certifying board, whether spread over several years or paid in one fee
    - Physician and support staff time fulfilling Part IV
    - Clinical care time and revenue loss
  5. Mutation of MOC—started from a supportive place and evolved into a punitive process.
  6. Perceived lack of relevance to current practice. With specialization, significant growth in data, and electronic access to research and treatment options, unlike the certifying exams given in close proximity to training, the MOC exam does not indicate real-life knowledge or assure competence.
  7. Duplicative given current federal and state compliance requirements (e.g. MACRA, licensure) and other physician quality participation activities (e.g. registries, CME) as they relate to MOC Part IV.
  8. Lack of transparency and communication by individual boards creating a culture gap between individual boards, medical societies and physicians.
  9. MOC is a damaged brand. Threatens to undermine our professional self-regulation. MOC has the potential to damage the brands of the medical societies who may be seen as not advocating for their members who see little or no value in the current MOC program. State medical societies are being directed by a large number of their members, across multiple specialties, to introduce legislation to eliminate the use of MOC; see Appendix B.
  10. Confusion between the role and authority of ABMS and role of individual boards.
  11. The profession is in crisis on many fronts. Burnout among physicians is at an all-time high. Regulatory hassles, including MOC, are a primary cause of that burnout. The problems with MOC originated as an ABMS issue, but now is a medical community issue. MOC has been forced on to medical specialty and state medical societies by their members. Members are looking to their professional societies, whether specialty or state to solve the problem. The

comments are not coming from a vocal minority but rather from academic and community practice leaders.

12. The importance of professionalism and professional self-regulation is under growing attack. Using legislation that encourages legislative interference in our professional responsibilities is a very slippery slope that will gain momentum unless an acceptable solution can be found and implemented.
13. Failing to address MOC has the potential unintended consequence of attacking the certification process and returning us back to pre-Flexner time of unregulated medical practice. Hospitals and state medical licensing boards need criteria to assist in licensing and credentialing physicians.
14. Certifying Boards, National Medical Specialty Societies, and State Medical Societies must communicate and collaborate to solve the MOC crisis. There has been a lack of professional community involvement in the development and evolution of MOC and we are at a crossroad. We must work together to formulate the solution.

## II. Unintended Consequences

1. MOC Activities focus on policing/compliance versus assisting physician improvement.
2. MOC being linked to licensure, employment, privileging, certification, reimbursement, etc.
3. MOC has created views that ABMS is monopolistic and not financially transparent.
4. Physicians are dropping board certification; new certifying boards are being proposed and promoted. National Medical Specialty Societies have, or are considering, eliminating board certification as a requirement for full membership.
5. The general public has been unaware of board certification; however, with increased public debate in social media/public domains, including state legislative bodies, the public may not be receiving accurate or unbiased information on board certification.
6. Professional community's feeling of being disrespected ("done to me vs. with me").