Introduction
In recent years, physicians have grown increasingly concerned with the costs, variation, and relevance of the Maintenance of Certification (MOC) programs established by the American Board of Medical Specialties (ABMS) and their member boards. Physicians have increasingly felt threatened by the high-stakes exam, and feel that MOC has incorrectly become a de facto requirement for licensure, credentialing, and reimbursement.

This summary captures the major themes, concerns and issues discussed at the first joint meeting of the National Medical Specialty Societies and the State Medical Societies. The American Board of Medical Specialties and its specialty boards were invited to participate in the summit. These three groups of organizations met on Monday, December 4, 2017 at the office of the American Society of Anesthesiologists in Schaumburg, Illinois. Organized as a series of panel discussions, the meeting featured presentations and comments from leadership representing the national medical specialty societies, state medical societies and the ABMS boards community.

Panel I Commentary
Donald J. Palmisano, Jr., JD, Executive Director and CEO, Medical Association of Georgia, shared background regarding the reason for convening the various organizations in attendance. As far back as 2014, physicians initiated grassroots efforts in his state, as well as others, to address the growing concerns about the Member Boards’ MOC programs. Over time these concerns have dominated state society meetings and were the focus of the AMA Federation CEO meeting in June, 2017. Following that meeting, leaders from select state medical societies and national medical specialty societies met in August to determine if there were issues of common concern and discuss plans for a joint meeting to consider possible solutions. A letter from 41 state medical societies and 33 national specialty societies, outlining the areas of concerns about the current ABMS maintenance of certification program was sent to ABMS. The letter included a request for a meeting that would allow for open, transparent dialogue around the relevance, cost and burden associated with MOC programs.

Frustrated by the perceived lack of engagement by the Boards Community, the state medical societies sought relief from MOC programs through legislative efforts in many states. Often, this legislation would prohibit hospitals and other entities to use Board certification as criteria for hospital privileges, state licensure, or insurance reimbursement. For many state societies, MOC is the one of the most pressing items on their legislative agendas. What the state society leaders and their members want is to have input in the development of an improved continuing certification process, transparency from the Boards Community, open, two-way communication and engagement, and jointly developed solutions for the certification problems identified by the “House of Medicine.”
In his opening remarks, Hal C. Lawrence, III, MD, Executive Vice President and CEO, American College of Obstetricians and Gynecologists (ACOG), spoke about what led the Specialty CEO Consortium (S2C2) to discuss the legislation about MOC. Although some specialty societies have longstanding positive relationships with their Boards, they share the concerns expressed by physicians and the state medical societies, and have been working with their Boards to make the certification process more modern, relevant, convenient, economical, and flexible. S2C2 pointed to unintended consequence of the current environment: the development of alternative boards, a decline in the perceived value of certification, and erosion of public trust in the profession to self-regulate. S2C2 believes it is in the interest of the public and the profession for all parties to come together to collaborate on a meaningful solution.

Lois Margaret Nora, MD, JD, MBA, President and Chief Executive Officer of ABMS, expressed her gratitude for the opportunity for the Boards to be part of the day’s meeting.

She began by clarifying the role of ABMS: developing community-wide standards for initial and continuing certification; serving as thought leaders on physician assessment and workforce issues; and, most importantly, as a facilitator of the work of the 24 independent Member Boards. She highlighted the common values that the Boards share with all the medical societies: the importance of protecting professional self-regulation and the important, complementary roles that the societies and boards play in the process; a shared commitment for organizational integrity; and a commitment to improving physician well-being and returning joy to the practice of medicine. Dr. Nora stressed that the Boards share the view that certification should not become a condition for licensure, a position the Boards have maintained for over twenty-five years.

Dr. Nora acknowledged the concerns commonly voiced about MOC and noted that the Boards are actively working to improve their processes to resolve them. She noted select Boards were presenting program innovations that directly address the issues of relevance, burden and total program costs. She noted that the Boards are shifting away from the secure high-stakes exam in favor of alternative pathways of assessment that are more in line with today’s adult-learning theory and utilize advanced technologies. She acknowledged that variability across the Boards remains an issue.

The Boards recognize the need to improve and better engage the state medical societies. While much work has been done to collaborate with specialty societies, it is evident that the state medical societies and their members need to be integrated into the process as well. The recently launched Continuing Board Certification: Vision for the Future initiative is an opportunity to involve state medical societies and their members immediately in envisioning the process.

Dr. Nora noted that research into the value and patient/practice impact of continuing certification is in fact being done and, while conducted primarily by the Boards, it will serve to inform and identify best practices and process models.
She called upon the state medical societies to hold back on further legislative action to professional self-regulation, allow the Boards to work within the profession to make positive and appropriate change and to eliminate unintended consequences including public confusion and loss of faith in the profession.

**Panel II Commentary**

**National Medical Specialty Societies**
Leaders from the American College of Surgeons (ACS), American College of Physicians (ACP), American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), American Urological Association (AUA), the American Academy of Neurology (AAN) and the American Psychological Association (APA) each briefly discussed their organization's concerns with the current MOC process, goals for an improved certification process, and any steps they’ve taken to work with their Boards to improve the process in their specialty. All expressed support for some form of continuing certification as part of professional accountability and self-regulation.

The development of alternatives to the high-stakes examination, use of registries to support quality improvement and develop reliable standards, and refocusing assessment to support professional development were all noted as positive, collaborative changes. All noted their commitment to life-long learning and the role that specialty societies traditionally play in professional education and development. And while noting the improvements underway, all reiterated the need to significantly lower cost (both direct and indirect); relevance to practice; transparency and communications; the need for greater process consistency across the Boards Community; and a desire for the process to be fair and evidence-based. Several cautioned that just addressing the high-stake exam component of MOC will not be enough and that change is urgently needed.

Practicing physicians do not trust the Boards. Societies voiced concern that MOC is now a factor in credentialing, reimbursement and licensure which impacts physicians’ jobs. Lastly, although the recently announced Vision Initiative was perceived to be an opportunity for collaboration, it too is being met with skepticism and distrust, as a delaying tactic. Dr. Nora assured the group that this initiative is a sincere effort to engage all stakeholders in envisioning a continuing certification process that benefits both the physician community and the patients that they serve.

**State Medical Societies**
Representatives from the medical societies of Pennsylvania, Florida, Utah, Connecticut, Michigan and South Carolina spoke about their memberships’ perceptions and concerns about ABMS, its Member Boards and their MOC programs. They also articulated the anger and distrust of physicians about the Boards and a shared perception that the Boards are dominated by academics and executives who have lost touch with the needs of the community physician. Among the issues raised were the lack of communication; lack of engagement in the process; distrust of the Boards' leadership, governance and financial stewardship; the serous impact on physicians' livelihood if they choose not to participate or fail to pass the high-stakes exam; high
direct and indirect costs of participation; a lack of evidence that the process improves care; and lack of relevance to daily practice.

Their members have sought legislative relief due to the perception that the process is punitive, that they have no way to influence the Boards, and the potential misuse of the credential as a condition for licensure. All called for improved communication, greater transparency, and input into the process as the stepping stones to repair trust.

**ABMS Member Boards**

Leaders from the American Board of Surgery (ABS), American Board of Internal Medicine (ABIM), American Board of Family Medicine (ABFM), American Board of Pediatrics (ABP), American Board of Urology (ABU), American Board of Psychiatry and Neurology (ABPN), American Board of Obstetrics and Gynecology (ABOG) and the American Board of Anesthesiology (ABA) described the ways that they are changing their programs to address the concerns raised by practicing physicians. All are moving to some form of convenient, on-line testing that will be more flexible to fit physicians’ work life, more customized and relevant to practice, and more useful in supporting physician learning and professional development. Physicians will be able to use the knowledge resources they have in practice as assessments focus more on the application of knowledge to clinical vignettes than to knowledge recall.

The Boards vary in their approaches to continuing assessment: some are working with their specialty societies to curate the most important research and guidelines published each year and give an annual assessment on these curated articles to assure that physicians are keeping up to date; some are moving to biannual knowledge “check-in” assessments; and some are moving towards a “longitudinal” on-line assessment on a weekly, monthly, or quarterly basis that provides immediate feedback. The Boards are attempting to turn the exam into an educational opportunity, with some also using it as a platform for rapid dissemination of clinical information emergent topics. The program changes are designed to address the concerns expressed by physicians. The Boards shared diplomate feedback that physicians perceive the new approaches as relevant and valuable.

Some of the Boards were able to quantify substantial direct and indirect cost savings for their diplomates under the new programs, and ABIM shared a detailed look at the new governance structure in place aimed at increasing diplomate engagement, improved relationships with their specialty societies and establishing a transparent, open communication pathway.

All emphasized their commitment to continuing improvement, seeking physician feedback and input, and engagement of the specialty societies, state medical societies and their memberships to make their programs more relevant and more highly valued by practicing physicians. Some have designed their programs to provide physicians credit for their participation in registries and other innovative clinical initiatives.

**Questions, Comments and Discussion**

Following the panel presentations was a period of open discussion. Several issues were raised:

- Initial certification is valued; MOC is not.
• The futility of determining which programs are truly best practices (based on evidence), given the heterogeneity across the Boards and the paucity of data based evidence.
• A process of remediation was suggested to alleviate some of the anxiety around the assessment and the consequence of failure. The Boards noted that they are looking for ways to offer feedback to diplomates.
• Many commenters felt hospitals should have alternatives to Board certification to determining privileges, in order to make certification truly voluntary. Some suggested an opportunity to work with the hospital community to establish an alternate process for a physician to demonstrate competence.
• The special administrative burdens facing the multi-boarded physician were also noted, as well as a reaffirmation of the value of initial certification.
• There was interest in monthly communication between ABMS, state medical societies, and physician associations.

Shared Statement of Purpose
Dr. Lawrence shared the current version of the shared statement of purpose for those in attendance. This statement, as presented, is intended to establish a common and shared set of principles and values as a starting point for negotiating towards a shared solution to the MOC problem:

“ABMS certifying boards and national medical specialty societies will collaborate to resolve differences in the process of on-going certification and to fulfill the principles of professional self-regulation, achieving appropriate standardization and assuring that on-going certification is relevant to the practices of physicians without undue burden.

Furthermore, the boards and societies, and their organizations (ABMS and CMSS), will undertake necessary changes in a timely manner, and will commit to ongoing communication with state medical societies to solicit their input.”

Suggestions were made that the statement should begin with the purpose of certification, and that the statement should include reference to patients. Dr. Lawrence suggested this version serve as a working statement, allowing the Commission to consider refinements, while underscoring how professional medical and state societies and the ABMS Member Boards are committed to working together throughout the evolution of continuing board certification. He also noted this statement holds everyone accountable for communicating with their members and dispelling any misrepresentations or false statements.

Vision Initiative Planning Committee Overview
Norman B. Kahn, Jr., MD, CMSS Executive Vice President and Chief Executive Officer and co-chair of the Vision Initiative Planning Committee, shared an overview of immediate next steps and opportunities for further engagement including the CMSS/ABMS Dyad Conference being held on December 5. The collaborative work between the two organizations has helped inform many of the innovations underway, and this fourth dyad meeting will focus on ways in which the Boards and their professional societies can share best practices and scale their innovations.
He noted that the Vision Initiative and the work of the Commission will be focused on addressing the issues and concerns raised and discussed and that everyone in the room has an opportunity to participate and be engaged in the process, beginning with the upcoming nomination process for Commission members.

**Summary**

In summation, all agreed the ultimate stakeholder is the patient and everything being done should be in service of them and their needs. The mistrust expressed during the panel presentations illustrated the lack of communication and engagement by physicians in the establishment of MOC. The Summit participants are hopeful that it is not too late to find a reasonable and valued solution that will meet the needs of both the physician and patient communities. Regular, transparent communication needs to be the rule and a communication plan needs to be created to help all share and appropriately inform their membership.

Continued dialogue between and amongst all entities will be critical as all parties move toward solutions to the ongoing issues related to the MOC program.