

MAINTENANCE OF CERTIFICATION

Background

Board certification is a voluntary process administered by specialty boards under the American Board of Medical Specialties (ABMS) and acts as an indicator of physician quality and safety in a specialty medical field. Previously, many board certification processes, with the exception of family medicine, required a physician to pass an exam to earn a certification that would be valid for the length of a physician's career. However, in 2005, the ABMS introduced the Maintenance of Certification (MOC) process to ensure ongoing practice assessment and improvement and the continuous development of all physicians' knowledge and skills.

Although board certification is technically voluntary, it is often a requirement for hospital admitting privileges, employment, and reimbursement by insurance companies. While recognizing the role MOC plays in ensuring physician quality and safety, the AAFP supports legislation that prohibits medical institutions from requiring MOC as a condition of licensure, reimbursement, or professional privileges, such as hospital admitting privileges.

Family Medicine and the AAFP Response to Maintenance of Certification

Each of the 24 independent medical specialty boards under the ABMS, including the American Board of Family Medicine (ABFM), tailors its MOC program to fit the needs of its specialty. ABFM's MOC, called Family Medicine Certification, requires family physicians to complete self-assessment and performance improvement activities, along with Continuing Medical Education (CME), every three years. Until January of 2019, family physicians were also required to pass a comprehensive exam every ten years. Family physicians have voiced [concerns](#) that these requirements are costly, confusing, and do not help them provide better patient care. In addition, [research has shown](#) neither conclusive correlation, nor causal connection, between the MOC process and better patient outcomes.^{1,2}

In 2017, the AAFP formed the AAFP Task Force on Board Certification in Family Medicine to address members' concerns about MOC. The commission released a new [policy](#) on certification, [guidelines](#) regarding ideal characteristics of a certification process, and several recommendations to identify additional ways to communicate members' concerns and collaborate with the ABFM to improve the process.

Other Responses to MOC

Opposition to ABMS's MOC process has led critics to develop the National Board of Physicians and Surgeons (NBPAS), which offers an alternate board certification option at a lower cost with fewer requirements. [NBPAS certification](#) is recognized by over 60 U.S. hospitals and has a membership of several thousand physicians across multiple specialties, including family medicine. The Association of American Physicians and Surgeons (AAPS), another alternate board, filed [suit](#) against the ABMS in 2018 claiming that the ABMS is reducing access to care by imposing recertification burdens that do not result in significant improvements in care; the suit was dismissed later that year.

¹ Kempen P. (2013). "Maintenance of Certification – important and to whom?" *J Community Hosp Intern Med Perspect*. Web.

² Buscemi D, Wang H, Phy M, Nugent K. (2012). "Maintenance of certification in Internal Medicine: participation rates and patient outcomes." *J Community Hosp Intern Med Perspect*. Web.

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In 2018, the ABMS created the Continuing Board Certification: Vision for the Future Commission to address the outcry against MOC. The AAFP provided written and oral testimony to the Vision Commission urging ABMS to revise its MOC process to better fit the needs of family physicians. The final recommendations were issued in February 2019 and addressed the majority of concerns voiced by family physicians. Included were various changes to the recertification exam, including allowing physicians to access resources while taking their exams, online testing, longitudinal assessment (questions answered over time) and opportunities for physicians to retake the exam. The Commission recommended that ABMS “encourage hospitals, health systems, payers, and other health care organizations to not deny credentialing or privileging to a physician solely on the basis of certification status,” which mirrors AAFP policy on MOC certification.

The new Family Medicine Certification Longitudinal Assessment (FMCLA) pilot, which is an alternative to the one-day exam, was piloted in January of 2019 and continued in 2020 largely to address the dissatisfaction with the one-day exam., Approximately 70 percent of physicians who could opt into the pilot did so. The ABFM has also introduces several other certification activities to address the criticisms leveled at the Family Medicine Certification process.

AAPS continues to voice opposition to MOC, in particular toward the [Vision for the Future Commission](#) recommendations. In January 2019, AAPS [called on](#) ABMS to immediately restore certification to all physicians who have lost it simply for not complying with requirements. In the same comment, AAPS reported that a majority of physicians had either mixed feelings or did not value MOC and pledged to ensure that burdensome MOC requirements are not forced on physicians and remain voluntary.

MOC Legislation

Various anti-MOC bills have been introduced in state legislatures, often backed by various physician groups, and may prohibit medical entities from requiring physicians to be board certified as a condition of hospital admitting privileges, license to practice, or insurance reimbursement. As of December 2019, seven states have [passed](#) legislation prohibiting MOC as a requirement for hospital admitting privileges, state licensure, or insurance reimbursement, while eight states and DC prohibit MOC as a requirement for licensure only. This is a [trend](#) that is likely to continue.

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