

## Maintenance of Certification

Board certification is a voluntary process administered by the American Board of Medical Specialties (ABMS) and acts as an indicator of physician quality and safety in a specialty medical field. Previously, the board certification process for many boards 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, including Professionalism and Professional Standing, Lifelong Learning and Self-Assessment, Assessment of Knowledge, Judgment and Skills, and Improvement in Practice. The new requirements are seen by physicians in many specialties as bureaucratic, time-consuming and expensive. In addition, a recently published [article](#) in the *Journal of General Internal Medicine* found that not participating in MOC is correlated with a higher chance of disciplinary action from state medical boards, and many have no choice but to participate or risk losing reimbursement, licensure, or hospital admitting privileges.

[Research has proven](#) neither conclusive correlation, nor causal connection, between the MOC process and better patient outcomes. Because of this, the AAFP supports legislation that prohibits medical institutions from requiring MOC as a condition of licensure, reimbursement, or professional privileges and recommends that ABMS revise its MOC process to better fit the needs of family physicians.

### Family Medicine and 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 is called Family Medicine Certification and requires family physicians to complete self-assessment and performance improvement activities, along with Continuing Medical Education (CME), every three years. Physicians must also 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. The self-assessment component, for example, requires certified family physicians to complete activities offered only through an ABFM online module. Physicians in administrative roles, meanwhile, often have few choices in meaningful performance improvement activities short of designing their own.

Although board certification is technically voluntary, it is often a requirement for hospital admitting privileges, employment, and reimbursement by insurance companies. As a result, family physicians often have no other choice but to comply with the complicated, and oftentimes frustrating, Family Medicine Certification process to provide the full scope of care to patients.

### 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 than ABMS certification. [NBPAS certification](#) is recognized by over 60 U.S. hospitals and has a membership of several thousand physicians across multiple specialties, including family medicine.

In 2013, the Association of American Physicians and Surgeons (AAPS), another alternate board, filed a lawsuit against the ABMS, claiming that the ABMS is reducing access to care by imposing recertification burdens that do not result in significant improvements in care. In January 2018 the AAPS

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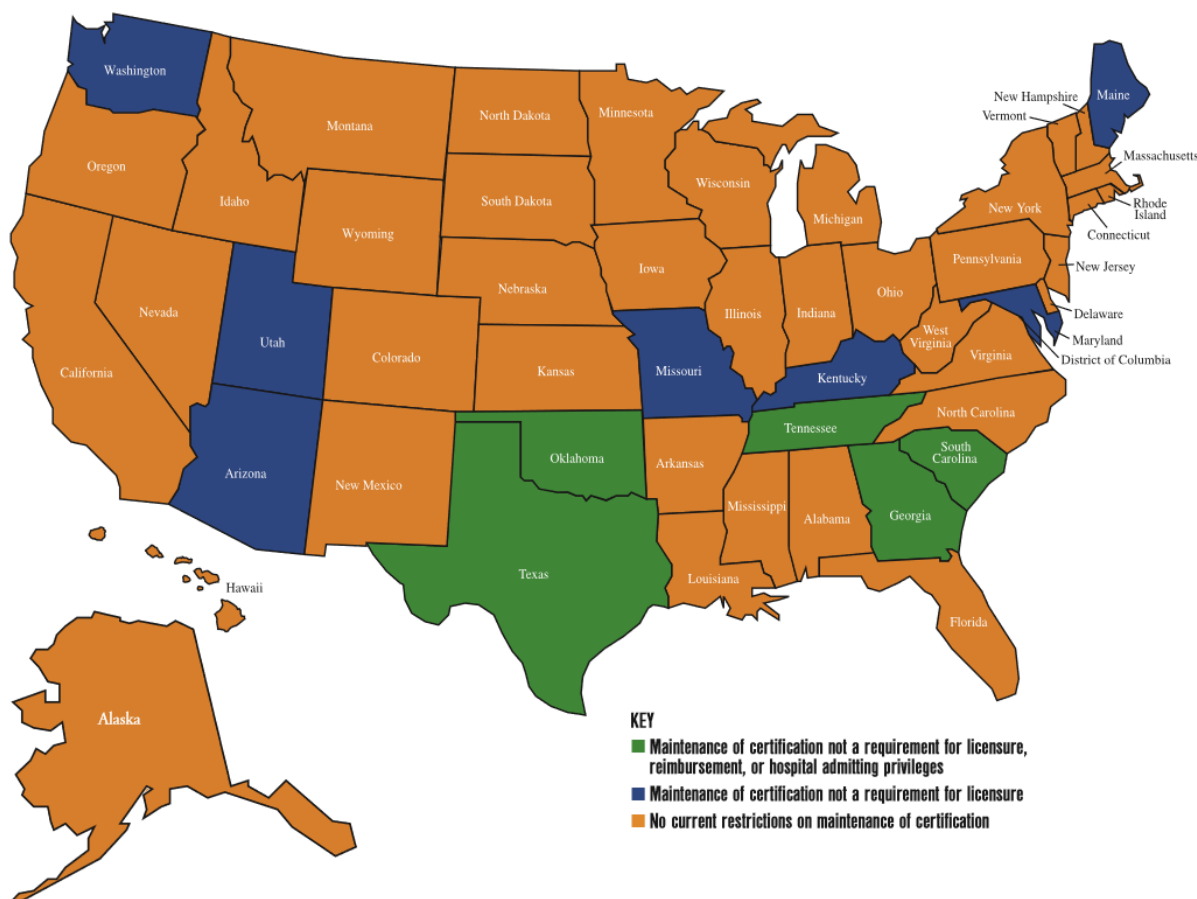
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filed an “Amended Complaint with Class Action” with the U.S. District Court for the Northern District of Illinois which includes a list of grievances and allegations against ABMS. The case is ongoing.

### MOC Legislation

Various anti-MOC bills have been introduced in state legislatures, often backed by various physician groups, and may prohibit medical entities, such as hospitals, licensing boards, or insurance companies, from requiring physicians to be board certified as a condition of admitting privileges, practice, or reimbursement, respectively. As of May 2018, five states have passed legislation prohibiting required MOC for admitting privileges, licensure, or reimbursement, while seven states prohibit MOC for licensure. An additional sixteen states introduced similar anti-MOC legislation in their state legislatures in 2018. This is a [trend](#) that is likely to continue.



### Moving Forward

Various revisions to the MOC process have been proposed and are being tested by ABMS member boards, including changes to the recertification exam, allowing physicians to access resources while taking their exams, and the use of a longitudinal assessment to test professional knowledge over time. The ABMS Vision Commission is also [gathering input](#) now in the process of revising the certification process to ensure it is meaningful, valuable, and relevant.

AAFP members have consistently listed MOC as a priority issue. In response, the AAFP has issued new policy on board certification and [guiding principles](#) to use when evaluating a certifying board. A task force has also been established to deal with issues surrounding MOC as well as to suggest ways to promote continued learning while keeping the interests of AAFP members in mind. The task force has issued a set of [recommendations](#) focused on meaningful change in the certification process.