No matter what your feelings are about the maintenance of certification (MOC) process, you still may have unanswered questions. Here’s where you can learn some of the answers.

MOC includes assessment, educational and practice improvement activities that physicians need to complete to become board certified by one of 24 member boards of the American Board of Medical Specialties (ABMS). It is intended to support continuous professional development and improved patient care.

If you have questions about MOC, here are some answers:

**How are board certification and medical licensure different?**

While every physician must be licensed to practice medicine, board certification is a voluntary process. According to the ABMS, medical licensure sets the minimum competency requirements to diagnose and treat patients and is not specialty specific. Meanwhile, board certification is supposed to demonstrate a physician’s “exceptional expertise in a particular specialty and/or subspecialty of medical practice.”

**So it isn’t mandatory that a physician become board certified?**

No, not technically. But some health plans implement programs that recognize and reward physicians who participate in MOC activities. Some health plans and health systems require board certification for credentialing to maintain hospital privileges. This causes problems for some physicians who may not maintain their board certification through MOC.

**Why is MOC such a hot topic?**

Some physicians support MOC because they feel it improves physician knowledge and demonstrates a commitment to lifelong learning. Others criticize it because they feel it is expensive, burdensome
and not relevant to their daily practice.

**How is the AMA involved?**

The AMA has been urging the ABMS to improve MOC for physicians. For example, the AMA Council on Medical Education has been successful in helping shape the 2015 standards, which provide a more flexible framework for ABMS member boards to develop their own MOC programs.

The AMA also is working with the ABMS to explore alternatives to the secure, high-stakes exam for assessing knowledge and cognitive skills, a major pain point for MOC critics. The AMA convened an unprecedented meeting last year with the ABMS and other experts to discuss this issue. A white paper about the meeting and its next steps is forthcoming.

As part of the 2015 AMA Annual Meeting next week, the Council on Medical Education is releasing a draft report that would ask the ABMS to develop fiduciary standards for its member boards, urging full transparency related to the costs of preparing, administering, scoring, and reporting MOC and exams.

**What are the 2015 standards?**

The ABMS 2015 Updated Standards include language requiring each member board to continue evaluating their MOC program for effectiveness, costs and outcomes. The AMA has strongly urged the ABMS to be fully transparent in MOC-related costs, and the updated standards reflect that advocacy. The standards also focus on developing additional efficiencies to control costs for physicians.

**How much does MOC cost?**

It depends. The participation fee, which includes the cost of continuing medical education (CME) and time away from practice, varies depending on which activities a physician participates in. Some may choose to spend more than the baseline fees.

In its 2015 Standards for Programs for MOC, the ABMS recognizes that physicians have multiple expenses associated with ongoing learning and assessment, and the group is working with member boards to identify redundancies among multiple programs.

**Is there data that supports MOC?**

The AMA Council on Medical Education believes that physicians generally recognize the need for MOC and ongoing formative assessment and feedback, and AMA policy reflects the need for ongoing learning and practice improvement. Studies show MOC is based on sound rationale, but there are...
differences of opinion about the ability of MOC to improve care and outcomes with how it has been.

Last year, the AMA contacted two separate research centers to study the impact that MOC and maintenance of licensure requirements may have on the physician workforce, practice costs, outcomes, patient safety and access to care. The AMA was advised that data currently aren’t available to study these effects. The AMA Council on Medical Education is committed to continuous study of its evidence, which will be important in identifying improvements to the program.

**How does MOC work for physicians with multiple board certifications?**

The ABMS launched its member board program to review MOC processes in 2015, which will allow the group to collect information on boards’ policies pertaining to multiple certifications.

Meanwhile, the ABMS Multi-Specialty MOC Portfolio Approval Program offers a streamlined approach for hospitals and health care organizations to support physician involvement in quality improvement initiatives. The program allows physicians from multiple specialties to receive credit for team-based, multi-specialty projects that they already are doing at their organizations and apply it to MOC. Currently 19 member boards are participating in the portfolio program.

The MOC process is expected to be hotly debated at the 2015 AMA Annual Meeting. If you aren’t attending but still want your voice to be heard, visit the AMA Online Member Forums (log in). Any AMA member can comment on any item of business.