HOD ACTION: Recommendations in Council on Medical Education Report 2 adopted and the remainder of the report filed.

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 2-I-15

Subject: Reconciliation of Maintenance of Certification, Osteopathic Continuous Certification and Maintenance of Licensure Policies

Presented by: Darlyne Menscer, MD, Chair

Referred to: Reference Committee K
(Hillary Johnson-Jahangir, MD, Chair)

The goal of this report is to review and consolidate existing American Medical Association (AMA) policy on Maintenance of Certification (MOC), Osteopathic Continuous Certification (OCC) and Maintenance of Licensure (MOL) to ensure that these policies are current and coherent. No attempt was made to modify any existing policy beyond what was necessary for editing for clarity. Separating policies addressing certification and licensure will also provide greater clarity to the policies and avoid ongoing confusion about the relationship between MOC/OCC and MOL.

This policy consolidation process allows for: (a) rescinding outmoded and duplicative policies and (b) combining policies that relate to the same topic. The most recent policy was deemed to supersede contradictory past AMA policies, and the language of each proposed policy was edited so that it is coherent and easily understood, without altering its meaning or intent.

CURRENT AMA POLICY ON MOC/OCC AND MOL

The AMA has a number of policies related to MOC/OCC and MOL (See Appendix). Policy H-275.924, Maintenance of Certification, contains the Principles of MOC, which were adopted by the AMA in 2009 and have been updated since that time. This policy should be retained and updated to include other relevant policies (or parts of policies) to form a single policy that incorporates all the Principles of MOC. Similarly, many of the directives related to MOC and OCC shown in the Appendix are duplicative, outdated and/or superseded by more recent policy. This report calls for development of a new, inclusive directive on MOC and OCC as shown in Recommendation 2. Policies related to the Principles of MOL (H-275.917) and directives related to MOL (D-275.957) have been consolidated and updated as shown in Recommendations 3 and 4. In addition, policies related to board certification have been updated and incorporated into Policy H-275.926, Maintaining Medical Specialty Board Certification Standard, as shown in Recommendation 5. Outdated and duplicative policies and directives that should be rescinded are shown in Recommendation 6 and the Appendix. Adopting these new and/or revised policies and directives will aid AMA advocacy efforts in the future by ensuring a single, more comprehensive source for policies on MOC/OCC and MOL.

SUMMARY AND RECOMMENDATIONS

This report encompasses a review of current AMA policies on MOC/OCC and MOL to ensure such policy is consistent, accurate and up-to-date. The following policies and directives are recommended for retention and rescission. These policies and directives incorporate relevant

portions of existing and new proposed policy with minor editorial changes added where appropriate.

The Council on Medical Education recommends that the following recommendations be adopted and that the remainder of the report be filed.

1. That our American Medical Association (AMA) amend Policy H-275.924, Maintenance of Certification, by addition and deletion, to read as follows:

   AMA Principles on Maintenance of Certification (MOC):

   1. Changes in specialty-board certification requirements for MOC programs should be longitudinally stable in structure, although flexible in content.
   2. Implementation of changes in MOC must be reasonable and take into consideration the time needed to develop the proper MOC structures as well as to educate physician diplomates about the requirements for participation.
   3. Any changes to the MOC process for a given medical specialty board should occur no more frequently than the intervals used by ~~each~~ that specialty board for MOC.
   4. Any changes in the MOC process should not result in significantly increased cost or burden to physician participants (such as systems that mandate continuous documentation or require annual milestones).
   5. MOC requirements should not reduce the capacity of the overall physician workforce. It is important to retain a structure of MOC programs that permits physicians to complete modules with temporal flexibility, compatible with their practice responsibilities.
   6. Patient satisfaction programs such as The Consumer Assessment of Healthcare Providers and Systems (CAHPS) patient survey ~~would~~ are neither ~~not be~~ appropriate nor effective survey tools to assess physician competence in many specialties.
   7. Careful consideration should be given to the importance of retaining flexibility in pathways for MOC for physicians with careers that combine clinical patient care with significant leadership, administrative, research and teaching responsibilities.
   8. Legal ramifications must be examined, and conflicts resolved, prior to data collection and/or displaying any information collected in the process of MOC. Specifically, careful consideration must be given to the types and format of physician-specific data to be publicly released in conjunction with MOC participation.
   9. ~~The~~ Our AMA affirms the current language regarding continuing medical education (CME): "~~By 2011, e~~Each Member Board will document that diplomates are meeting the CME and Self-Assessment requirements for MOC Part ~~2~~II. The content of CME and self-assessment programs receiving credit for MOC will be relevant to advances within the diplomate's scope of practice, and free of commercial bias and direct support from pharmaceutical and device industries. Each diplomate will be required to complete CME credits (*AMA* ~~Physician's Recognition Award (*PRA*)~~ *Category 1 Credit*™, American Academy of Family Physicians Prescribed, American College of Obstetricians and Gynecologists, and/or American Osteopathic Association Category 1A)."
   10. In relation to MOC Part II, our AMA continues to support and promote the AMA Physician's Recognition Award (PRA) Credit system as one of the three major credit systems that comprise the foundation for continuing medical education in the U.S., including the Performance Improvement CME (PICME) format; and continues to develop relationships and agreements that may lead to standards accepted by all U.S. licensing boards, specialty boards, hospital credentialing bodies and other entities requiring evidence of physician CME.

11. ~~10.~~ MOC is ~~an essential but not sufficient~~ but one component to promote patient~~-care~~ safety and quality. Health care is a team effort, and changes to MOC should not create an unrealistic expectation that ~~failures~~ lapses in patient safety are primarily failures of individual physicians.
12. ~~11.~~ MOC should be based on evidence and designed to identify performance gaps and unmet needs, providing direction and guidance for improvement in physician performance and delivery of care.
13. ~~12.~~ The MOC process should be evaluated periodically to measure physician satisfaction, knowledge uptake and intent to maintain or change practice.
14. ~~13.~~ MOC should be used as a tool for continuous improvement.
15. ~~14.~~ The MOC program should not be a mandated requirement for licensure, credentialing, reimbursement, network participation or employment.
16. ~~15.~~ Actively practicing physicians should be well-represented on specialty boards developing MOC.
17. Our AMA will include early career physicians when nominating individuals to the Boards of Directors for ABMS member boards.
18. ~~16.~~ MOC activities and measurement should be relevant to clinical practice.
19. ~~17.~~ The MOC process should not be cost prohibitive or present barriers to patient care.
20. ~~18.~~ Any assessment should be used to guide physicians' self-directed study.
21. ~~19.~~ Specific content-based feedback after any assessment tests should be provided to physicians in a timely manner.
22. ~~20.~~ There should be multiple options for how an assessment could be structured to accommodate different learning styles.
23. Physicians with lifetime board certification should not be required to seek recertification.
24. No qualifiers or restrictions should be placed on diplomates with lifetime board certification recognized by the ABMS related to their participation in MOC.
25. Members of our House of Delegates are encouraged to increase their awareness of and participation in the proposed changes to physician self-regulation through their specialty organizations and other professional membership groups. (Modify Current HOD Policy)

2. That our AMA adopt the following policy, Maintenance of Certification and Osteopathic Continuous Certification:

That our American Medical Association:

1. Continue to monitor the evolution of Maintenance of Certification (MOC) and Osteopathic Continuous Certification (OCC), continue its active engagement in discussions regarding their implementation, encourage specialty boards to investigate and/or establish alternative approaches for MOC, and prepare a yearly report to the House of Delegates regarding the MOC and OCC process.
2. Continue to review, through its Council on Medical Education, published literature and emerging data as part of the Council's ongoing efforts to critically review MOC and OCC issues.
3. Continue to monitor the progress by the American Board of Medical Specialties (ABMS) and its member boards on implementation of MOC, and encourage the ABMS to report its research findings on the issues surrounding certification and MOC on a periodic basis.
4. Encourage the ABMS and its member boards to continue to explore other ways to measure the ability of physicians to access and apply knowledge to care for patients, and to continue to examine the evidence supporting the value of specialty board certification and MOC.
5. Work with the ABMS to streamline and improve the Cognitive Expertise (Part III) component of MOC, including the exploration of alternative formats, in ways that

effectively evaluate acquisition of new knowledge while reducing or eliminating the burden of a high-stakes examination.

6. Work with interested parties to ensure that MOC uses more than one pathway to assess accurately the competence of practicing physicians, to monitor for exam relevance and to ensure that MOC does not lead to unintended economic hardship such as hospital de-credentialing of practicing physicians.
7. Recommend that the ABMS not introduce additional assessment modalities that have not been validated to show improvement in physician performance and/or patient safety.
8. Work with the ABMS to eliminate practice performance assessment modules, as currently written, from MOC requirements.
9. Encourage the ABMS to ensure that all ABMS member boards provide full transparency related to the costs of preparing, administering, scoring and reporting MOC and certifying examinations.
10. Encourage the ABMS to ensure that MOC and certifying examinations do not result in substantial financial gain to ABMS member boards, and advocate that the ABMS develop fiduciary standards for its member boards that are consistent with this principle.
11. Work with the ABMS to lessen the burden of MOC on physicians with multiple board certifications, particularly to ensure that MOC is specifically relevant to the physician's current practice.
12. Work with key stakeholders to (a) support ongoing ABMS member board efforts to allow multiple and diverse physician educational and quality improvement activities to qualify for MOC; (b) support ABMS member board activities in facilitating the use of MOC quality improvement activities to count for other accountability requirements or programs, such as pay for quality/performance or PQRS reimbursement; (c) encourage ABMS member boards to enhance the consistency of quality improvement programs across all boards; and (d) work with specialty societies and ABMS member boards to develop tools and services that help physicians meet MOC requirements.
13. Work with the ABMS and its member boards to collect data on why physicians choose to maintain or discontinue their board certification.
14. Work with the ABMS to study whether MOC is an important factor in a physician's decision to retire and to determine its impact on the US physician workforce.
15. Encourage the ABMS to use data from MOC to track whether physicians are maintaining certification and share this data with the AMA.
16. Encourage AMA members to be proactive in shaping MOC and OCC by seeking leadership positions on the ABMS member boards, American Osteopathic Association (AOA) specialty certifying boards, and MOC Committees.
17. Continue to monitor the actions of professional societies regarding recommendations for modification of MOC.
18. Encourage medical specialty societies' leadership to work with the ABMS, and its member boards, to identify those specialty organizations that have developed an appropriate and relevant MOC process for its members.
19. Continue to work with the ABMS to ensure that physicians are clearly informed of the MOC requirements for their specific board and the timelines for accomplishing those requirements.
20. Encourage the ABMS and its member boards to develop a system to actively alert physicians of the due dates of the multi-stage requirements of continuous professional development and performance in practice, thereby assisting them with maintaining their board certification.
21. Recommend to the ABMS that all physician members of those boards governing the MOC process be required to participate in MOC.
22. Continue to participate in the National Alliance for Physician Competence forums.

23. Encourage the PCPI® Foundation, the ABMS, and the Council of Medical Specialty Societies to work together toward utilizing Consortium performance measures in Part IV of MOC.
24. Continue to assist physicians in practice performance improvement.
25. Encourage all specialty societies to grant certified CME credit for activities that they offer to fulfill requirements of their respective specialty board's MOC and associated processes.
26. Support the American College of Physicians as well as other professional societies in their efforts to work with the American Board of Internal Medicine (ABIM) to improve the MOC program. (New HOD Policy)

3. That our AMA amend Policy H-275.917, An Update on Maintenance of Licensure, by addition, to read as follows:

AMA Principles on Maintenance of Licensure (MOL):

1. Our American Medical Association (AMA) established the following guidelines for implementation of state MOL programs:

    A. Any MOL activity should be able to be integrated into the existing infrastructure of the health care environment.
    B. Any MOL educational activity under consideration should be developed in collaboration with physicians, should be evidence-based and should be practice-specific. Accountability for physicians should be led by physicians.
    C. Any proposed MOL activity should undergo an in-depth analysis of the direct and indirect costs, including physicians' time and the impact on patient access to care, as well as a risk/benefit analysis, with particular attention to unintended consequences.
    D. Any MOL activity should be flexible and offer a variety of compliance options for all physicians, practicing or non-practicing, which may vary depending on their roles (e.g., clinical care, research, administration, education).
    E. Any MOL activity should be designed for quality improvement and lifelong learning.
    F. Participation in quality improvement activities, such as chart review, should be an option as an MOL activity.

2. Our AMA supports the Federation of State Medical Boards (FSMB) Guiding Principles for MOL (current as of June 2015), which state that:

    A. Maintenance of licensure should support physicians' commitment to lifelong learning and facilitate improvement in physician practice.
    B. Maintenance of licensure systems should be administratively feasible and should be developed in collaboration with other stakeholders. The authority for establishing MOL requirements should remain within the purview of state medical boards.
    C. Maintenance of licensure should not compromise patient care or create barriers to physician practice.
    D. The infrastructure to support physician compliance with MOL requirements must be flexible and offer a choice of options for meeting requirements.
    E. Maintenance of licensure processes should balance transparency with privacy protections (e.g., should capture what most physicians are already doing, not be onerous, etc.).

3. That our AMA:

   A. Continue to support and promote the AMA Physician's Recognition Award (PRA) Credit system as one of the three major CME credit systems that comprise the foundation for continuing medical education in the U.S., including the Performance Improvement CME (PICME) format, and continue to develop relationships and agreements that may lead to standards accepted by all U.S. licensing boards, specialty boards, hospital credentialing bodies, and other entities requiring evidence of physician CME as part of the process for MOL.
   B. Advocate that if state medical boards move forward with a more intense or rigorous MOL program, each state medical board be required to accept evidence of successful ongoing participation in the ABMS MOC and AOA-Bureau of Osteopathic Specialists Osteopathic Continuous Certification to have fulfilled all three components of the MOL, if performed,
   C. Advocate that state medical boards accept programs created by specialty societies as evidence that the physician is participating in continuous lifelong learning and allow physicians to choose which programs they participate in to fulfill their MOL criteria.
   D. Oppose any MOL initiative that creates barriers to practice, is administratively unfeasible, is inflexible with regard to how physicians practice (clinically or not), does not protect physician privacy, or is used to promote policy initiatives about physician competence. (Modify Current HOD Policy)

4. That our AMA amend Policy D-275.957, An Update on Maintenance of Licensure, by addition and deletion, to read as follows:

That our American Medical Association (AMA):

1. Continue to monitor the evolution of Maintenance of Licensure (MOL), continue its active engagement in discussions regarding MOL implementation, and report back to the House of Delegates on this issue.
2. Continue to review, through its Council on Medical Education, published literature and emerging data as part of the Council's ongoing efforts to critically review MOL issues.
3. Work with the Federation of State Medical Boards (FSMB) to study whether the principles of MOL are important factors in a physician's decision to retire or have a direct impact on the U.S. physician workforce.
4. ~~Our AMA will w~~Work with interested state medical societies and support collaboration with state specialty medical societies and state medical boards on establishing criteria and regulations for the implementation of MOL that reflect AMA guidelines for implementation of state MOL programs and the FSMB's Guiding Principles for MOL.
5. ~~Our AMA will e~~Explore the feasibility of developing, in collaboration with other stakeholders, AMA products and services that may ~~be~~ help~~ful tools to~~ shape and support MOL for physicians.
6. Encourage the FSMB to continue to work with state medical boards to accept physician participation in the American Board of Medical Specialties maintenance of certification (MOC) and the American Osteopathic Association Bureau of Osteopathic Specialists (AOA-BOS) osteopathic continuous certification (OCC) as meeting the requirements for MOL and to develop alternatives for physicians who are not certified/recertified, and advocate that MOC or OCC not be the only pathway to MOL for physicians.
7. Continue to work with the FSMB to establish and assess MOL principles, with the AMA to assess the impact of MOL on the practicing physician and the FSMB to study its impact on state medical boards.

8. Encourage rigorous evaluation of the impact on physicians of any future proposed changes to MOL processes, including cost, staffing, and time. (Modify Current HOD Policy)

5. That our AMA revise Policy H-275.926, Maintaining Medical Specialty Board Certification Standard, by addition and deletion, to read as follows:

That our American Medical Association (AMA):

1. ~~Our AMA o~~Opposes any action, regardless of intent, that appears likely to confuse the public about the unique credentials of American Board of Medical Specialties (ABMS) or American Osteopathic Association Bureau of Osteopathic Specialists (AOA-BOS) board certified physicians in any medical specialty, or take advantage of the prestige of any medical specialty for purposes contrary to the public good and safety.
2. ~~Our AMA will communicate its concerns about the misleading use of the term "board certification" by the National Board of Public Health Examiners and others to the specialty and service societies in the federation, the Association of Schools of Public Health, the American Board of Medical Specialties, the Accreditation Council for Graduate Medical Education, the National Board of Medical Examiners, and the Institute of Medicine.~~
2. ~~3. Our AMA will c~~Continue to work with other medical organizations to educate the profession and the public about the ABMS and AOA-BOS board certification process. It is AMA policy that when the equivalency of board certification must be determined, accepted standards, such as those adopted by state medical boards or the Essentials for Approval of Examining Boards in Medical Specialties, be utilized for that determination.
3. Opposes discrimination against physicians based solely on lack of ABMS or equivalent AOA-BOS board certification, or where board certification is one of the criteria considered for purposes of measuring quality of care, determining eligibility to contract with managed care entities, eligibility to receive hospital staff or other clinical privileges, ascertaining competence to practice medicine, or for other purposes. Our AMA also opposes discrimination that may occur against physicians involved in the board certification process, including those who are in a clinical practice period for the specified minimum period of time that must be completed prior to taking the board certifying examination.
4. Advocates for nomenclature to better distinguish those physicians who are in the board certification pathway from those who are not.
5. Encourages member boards of the ABMS to adopt measures aimed at mitigating the financial burden on residents related to specialty board fees and fee procedures, including shorter preregistration periods, lower fees and easier payment terms. (Modify Current HOD Policy)

6. That the title of Policy H-275.926, Maintaining Medical Specialty Board Certification Standard, be revised to read as follows: Medical Specialty Board Certification Standards.

7. That our AMA rescind the following policies:

H-275.919, American Board of Medical Specialties Board Member Enrollment in Maintenance of Certification
H-275.920, Impact of Maintenance of Certification, Osteopathic Continuous Certification, Maintenance of Licensure on the Physician Workforce
H-275.923, Maintenance of Certification / Maintenance of Licensure
H-275.931, Representation on Medical Specialty Boards
H-275.932, Internal Medicine Board Certification Report--Interim Report
H-275.933, Specialty Board Recertification Requirements for Employment

H-275.944, Board Certification and Discrimination
H-275.950, Board Certification
H-405.970, Specialty Board Certification Fee Requirements
H-405.972, Recertification Alternatives
H-405.973, Board Certification
H-405.974, Specialty Recertification Examinations
H-405.975, Recertification Exam for the American Board of Medical Specialties
D-275.960, An Update on Maintenance of Certification, Osteopathic Continuous Certification, and Maintenance of Licensure
D-275.961, Coordinated Efforts of Federation of State Medical Boards, American Board of Medical Specialties and American Osteopathic Association Regarding Maintenance of Licensure
D-275.969, Specialty Board Certification and Recertification
D-275.971, American Board of Medical Specialties - Standardization of Maintenance of Certification Requirements
D-275.977, Update on the American Board of Medical Specialties Program on Maintenance of Certification (MOC)
D-275.987, Internal Medicine Board Certification Report - Interim Report
D-300.978, Continuing Medical Education Credit for Maintenance of Certification / Osteopathic Continuous Certification Activities

Fiscal Note: Less than $1,000

APPENDIX
RECOMMENDED ACTIONS ON HOUSE OF DELEGATES POLICIES

Policy Number and Title	*Recommended Action*
H-275.917 An Update on Maintenance of Licensure 1) Our American Medical Association established the following guidelines for implementation of state MOL programs: A. Any MOL activity should be able to be integrated into the existing infrastructure of the health care environment. B. Any MOL educational activity under consideration should be developed in collaboration with physicians, should be evidence-based, and should be practice-specific. Accountability for physicians should be led by physicians. C. Any proposed MOL activity should undergo an in-depth analysis of the direct and indirect costs, including physicians' time and the impact on patient access to care, as well as a risk/benefit analysis, with particular attention to unintended consequences. D. Any MOL activity should be flexible and offer a variety of compliance options for all physicians, practicing or non-practicing, which may vary depending on their roles (e.g., clinical care, research, administration, education). E. Any MOL activity should be designed for quality improvement and lifelong learning. F. Participation in quality improvement activities, such as chart review, should be an option as an MOL activity. 2) Our AMA supports the FSMB Guiding Principles for MOL, which state that: A. Maintenance of licensure should support physicians' commitment to lifelong learning and facilitate improvement in physician practice. B. Maintenance of licensure systems should be administratively feasible and should be developed in collaboration with other stakeholders. The authority for establishing MOL requirements should remain within the purview of state medical boards. C. Maintenance of licensure should not compromise patient care or create barriers to physician practice. D. The infrastructure to support physician compliance with MOL requirements must be flexible and offer a choice of options for meeting requirements. E. Maintenance of licensure processes should balance transparency with privacy protections (e.g., should capture what most physicians are already doing, not be onerous, etc.). (CME Rep. 3, A-15)	Retain, with revisions as shown in Recommendation 3; this policy encompasses the AMA Principles on MOL.
H-275.919 American Board of Medical Specialties Board Member Enrollment in Maintenance of Certification Our AMA will recommend to the American Board of Medical Specialties that all physician members of those boards governing	Rescind; incorporate into new policy [see Recommendation 2].

the Maintenance of Certification (MOC) process be required to participate in the MOC process. (Res. 310, A-12)	
H-275.920 Impact of Maintenance of Certification, Osteopathic Continuous Certification, Maintenance of Licensure on the Physician Workforce 1. Our AMA encourages the Federation of State Medical Boards to continue to work with state licensing boards to accept physician participation in maintenance of certification (MOC) and osteopathic continuous certification (OCC) as meeting the requirements for MOL and to develop alternatives for physicians who are not certified/recertified, and that MOC or OCC not be the only pathway to MOL for physicians. 2. Our AMA encourages the American Board of Medical Specialties to use data from maintenance of certification to track whether physicians are maintaining certification and share this data with the AMA. (CME Rep. 11, A-12; Reaffirmed in lieu of Res. 313, A-14)	Rescind; incorporate item 1 into policy D-275.957 [see Recommendation 4]. Incorporate item 2 into new policy [see Recommendation 2].
H-275.923 Maintenance of Certification / Maintenance of Licensure Our AMA will: 1. Continue to work with the Federation of State Medical Boards (FSMB) to establish and assess maintenance of licensure (MOL) principles with the AMA to assess the impact of MOC and MOL on the practicing physician and the FSMB to study the impact on licensing boards. 2. Recommend that the American Board of Medical Specialties (ABMS) not introduce additional assessment modalities that have not been validated to show improvement in physician performance and/or patient safety. 3. Encourage rigorous evaluation of the impact on physicians of future proposed changes to the MOC and MOL processes including cost, staffing, and time. 4. Review all AMA policies regarding medical licensure; determine if each policy should be reaffirmed, expanded, consolidated or is no longer relevant; and in collaboration with other stakeholders, update the policies with the view of developing AMA Principles of Maintenance of Licensure in a report to the HOD at the 2010 Annual Meeting. 5. Urge the National Alliance for Physician Competence (NAPC) to include a broader range of practicing physicians and additional stakeholders to participate in discussions of definitions and assessments of physician competence. 6. Continue to participate in the NAPC forums. 7. Encourage members of our House of Delegates to increase their awareness of and participation in the proposed changes to physician self-regulation through their specialty organizations and other professional membership groups. 8. Continue to support and promote the AMA Physician's	Rescind; incorporate items 1 and 3 into policy D-275.957 [see Recommendation 4]. Incorporate items 2 and 6 into new policy [see Recommendation 2]. Item 4 completed with adoption of *CME Report 3-A-10, Specialty Board Certification and Maintenance of Licensure.* Items 5 and 9 completed; notification of the House action was sent to the Federation of State Medical Boards, National Alliance for Physician Competence, American Board of Medical Specialties and the American Osteopathic Association. Each medical school, residency program director, and directors of medical education at U.S. teaching hospitals received notice of the House Action via the *Medical Education Bulletin.* The House Action was also published in an issue of the

Recognition Award (PRA) Credit system as one of the three major CME credit systems that comprise the foundation for post graduate medical education in the US, including the Performance Improvement CME (PICME) format; and continue to develop relationships and agreements that may lead to standards, accepted by all US licensing boards, specialty boards, hospital credentialing bodies, and other entities requiring evidence of physician CME. 9. Collaborate with the American Osteopathic Association and its eighteen specialty boards in implementation of the recommendations in CME Report 16-A-09, Maintenance of Certification / Maintenance of Licensure. 10. Continue to support the AMA Principles of Maintenance of Certification (MOC). 11. Monitor MOL as being led by the Federation of State Medical Boards (FSMB), and work with FSMB and other stakeholders to develop a coherent set of principles for MOL. 12. Our AMA will 1) advocate that if state medical boards move forward with the more intense MOL program, each state medical board be required to accept evidence of successful ongoing participation in the American Board of Medical Specialties Maintenance of Certification and American Osteopathic Association-Bureau of Osteopathic Specialists Osteopathic Continuous Certification to have fulfilled all three components of the MOL if performed, and 2) also advocate to require state medical boards accept programs created by specialty societies as evidence that the physician is participating in continuous lifelong learning and allow physicians choices in what programs they participate to fulfill their MOL criteria. 13. Our AMA opposes any MOL initiative that creates barriers to practice, is administratively unfeasible, is inflexible with regard to how physicians practice (clinically or not), that does not protect physician privacy, and that is used to promote policy initiatives above physician competence. (CME Rep. 16, A-09; Appended: CME Rep. 3, A-10; Reaffirmed: CME Rep. 3, A-10; Appended: Res. 322, A-11; Reaffirmed: CME Rep. 10, A-12; Reaffirmed in lieu of Res. 313, A-12; Reaffirmed: CME Rep. 4, A-13; Reaffirmed in lieu of Res. 919, I-13; Reaffirmed in lieu of Res. 610, A-14; Appended: Res. 319, A-14)	*GME e-Letter* and *Continuing Physician Professional Development Report.* Incorporate item 7 into policy H-275.924 [see Recommendation 1]. Incorporate item 8 into policy H-275.924 [see recommendation 1] and new policy [see Recommendation 3]. Item 9 completed (see note for Item 5, above). Item 10 is not needed, since the AMA supports all of its policies. Item 11 completed with adoption of *CME Report 3-A-15, An Update on Maintenance of Licensure.* Incorporate items 12 and 13 into H-275.917 [see Recommendation 3].
H-275.924 Maintenance of Certification AMA Principles on Maintenance of Certification (MOC): 1. Changes in specialty-board certification requirements for MOC programs should be longitudinally stable in structure, although flexible in content. 2. Implementation of changes in MOC must be reasonable and take into consideration the time needed to develop the proper MOC structures as well as to educate physician diplomates about the requirements for participation. 3. Any changes to the MOC process for a given medical specialty	Retain, with revisions; this policy encompasses the most current Principles of Maintenance of Certification (MOC). [see Recommendation 1].

board should occur no more frequently than the intervals used by each board for MOC. 4. Any changes in the MOC process should not result in significantly increased cost or burden to physician participants (such as systems that mandate continuous documentation or require annual milestones). 5. MOC requirements should not reduce the capacity of the overall physician workforce. It is important to retain a structure of MOC programs that permit physicians to complete modules with temporal flexibility, compatible with their practice responsibilities. 6. Patient satisfaction programs such as The Consumer Assessment of Healthcare Providers and Systems (CAHPS) patient survey would not be appropriate nor effective survey tools to assess physician competence in many specialties. 7. Careful consideration should be given to the importance of retaining flexibility in pathways for MOC for physicians with careers that combine clinical patient care with significant leadership, administrative, research, and teaching responsibilities. 8. Legal ramifications must be examined, and conflicts resolved, prior to data collection and/or displaying any information collected in the process of MOC. Specifically, careful consideration must be given to the types and format of physician-specific data to be publicly released in conjunction with MOC participation. 9. The AMA affirms the current language regarding continuing medical education (CME): "By 2011, each Member Board will document that diplomates are meeting the CME and Self-Assessment requirements for MOC Part 2. The content of CME and self-assessment programs receiving credit for MOC will be relevant to advances within the diplomate's scope of practice, and free of commercial bias and direct support from pharmaceutical and device industries. Each diplomate will be required to complete CME credits (AMA Physician's Recognition Award (PRA) Category 1, American Academy of Family Physicians Prescribed, American College of Obstetricians and Gynecologists, and or American Osteopathic Association Category 1A)." 10. MOC is an essential but not sufficient component to promote patient-care safety and quality. Health care is a team effort and changes to MOC should not create an unrealistic expectation that failures in patient safety are primarily failures of individual physicians. 11. MOC should be based on evidence and designed to identify performance gaps and unmet needs, providing direction and guidance for improvement in physician performance and delivery of care. 12. The MOC process should be evaluated periodically to measure physician satisfaction, knowledge uptake and intent to maintain or change practice. 13. MOC should be used as a tool for continuous improvement. 14. The MOC program should not be a mandated requirement for licensure, credentialing, reimbursement, network participation, or employment.	

15. Actively practicing physicians should be well-represented on specialty boards developing MOC. 16. MOC activities and measurement should be relevant to clinical practice. 17. The MOC process should not be cost prohibitive or present barriers to patient care. 18. Any assessment should be used to guide physicians' self-directed study. 19. Specific content-based feedback after any assessment tests should be provided to physicians in a timely manner. 20. There should be multiple options for how an assessment could be structured to accommodate different learning styles. (CME Rep. 16, A-09; Reaffirmed: CME Rep. 11, A-12; Reaffirmed: CME Rep. 10, A-12; Reaffirmed in lieu of Res. 313, A-12; Reaffirmed: CME Rep. 4, A-13; Reaffirmed in lieu of Res. 919, I-13; Appended: Sub. Res. 920, I-14; Reaffirmed: CME Rep. 2, A-15; Appended: Res. 314, A-15)	
H-275.926 Maintaining Medical Specialty Board Certification Standard 1. Our AMA opposes any action, regardless of intent, that appears likely to confuse the public about the unique credentials of board certified physicians in any medical specialty, or take advantage of the prestige of any medical specialty for purposes contrary to the public good and safety. 2. Our AMA will communicate its concerns about the misleading use of the term "board certification" by the National Board of Public Health Examiners and others to the specialty and service societies in the federation, the Association of Schools of Public Health, the American Board of Medical Specialties, the Accreditation Council for Graduate Medical Education, the National Board of Medical Examiners, and the Institute of Medicine. 3. Our AMA will continue to work with other medical organizations to educate the profession and the public about the board certification process. It is AMA policy that when the equivalency of board certification must be determined, accepted standards, such as those adopted by state medical boards or the Essentials for Approval of Examining Boards in Medical Specialties, be utilized for that determination. (Res. 318, A-07; Reaffirmation A-11)	Retain items 1 and 3. [see Recommendation 5]. Rescind Item 2, which was completed; the House action was transmitted to each medical school, residency program director, and directors of medical education at U.S. teaching hospitals via the *Medical Education Bulletin*. The American Board of Medical Specialties, Accreditation Council for Graduate Medical Education, National Board of Medical Examiners, Institute of Medicine and Association of Schools of Public Health were notified of the House action.
H-275.931 Representation on Medical Specialty Boards 1. Our AMA encourages each medical and surgical specialty board recognized by the American Board of Medical Specialties (ABMS) and the AMA to assure a diverse representation on its Board, including physicians who are in private, community-based practice. 2. Our AMA will strive to place early career physicians onto ABMS member specialty boards overseeing the Maintenance of Certification process.	Rescind; reconcile item 1 with similar and more recent policy [see H-275.924 (15)]. Incorporate item 2 into policy H-275.924. [see Recommendation 1].

(Res. 311, A-03; Appended: Res. 311, A-12)	
H-275.932 Internal Medicine Board Certification Report--Interim Report Our AMA opposes the use of recertification or Maintenance of Certification (MOC) as a condition of employment, licensure or reimbursement. (CME Rep. 7, A-02; Reaffirmed: CME Rep. 2, A-12	Rescind; reconcile this policy with similar and more recent policy [see H-275.924 (14)].
H-275.933 Specialty Board Recertification Requirements for Employment Our AMA opposes specialty board recertification as a sole condition of employment. (Res. 303, I-01; Reaffirmed: CME Rep. 7, A-07; Reaffirmed: CME Rep. 16, A-09)	Rescind; reconcile this policy with similar and more recent policy [see H-275.924 (14)].
H-275.944 Board Certification and Discrimination (1) Where board certification is one of the criteria considered for purposes of measuring quality of care, determining eligibility to contract with managed care entities, eligibility to receive hospital staff or other clinical privileges, ascertaining competence to practice medicine, or for other purposes, the AMA oppose discrimination that may occur against physicians involved in the board certification process including those who are in a clinical practice period for the specified minimum period of time that must be completed prior to taking the board certifying examination. (2) Our AMA reaffirms and communicates its policy of opposition to discrimination against member physicians based solely on lack of American Board of Medical Specialties or equivalent American Osteopathic Board certification. (3) Our AMA continues to advocate for nomenclature to better distinguish those physicians who are in the board certification pathway from those who are not. (Sub. Res. 701, I-95; Appended: Res. 314, I-98; Appended: Sub. Res. 301, I-99; Reaffirmed: Sub. Res. 722, A-00; Reaffirmed: CME Rep. 7, A-07)	Rescind; incorporate into policy H-275.926 [see Recommendation 5].
H-275.950 Board Certification Our AMA (1) reaffirms its opposition to the use of board certification as a requirement for licensure or reimbursement; (2) seeks an amendment to the new Medicaid rules that would delete the use of board certification as a requirement for reimbursement and would address the exclusion of internal medicine, emergency medicine, and other specialties; and (3) opposes mandatory MOC as a condition of medical licensure, and encourage physicians to strive constantly to improve their care of patients by the means they find most effective. (Res. 143, A-92; ; Reaffirmed by Res. 108, A-98; Reaffirmation A-00; Reaffirmed: CME Rep. 16, A-09; Appended: CME Rep. 6,	Rescind; reconcile this policy with similar and more recent policy [see H-275.924 (14)].

A-14)	
H-405.970 Specialty Board Certification Fee Requirements The AMA strongly encourages member boards of the American Board of Medical Specialties to adopt measures aimed at mitigating the financial burden on residents related to specialty board fees and fee procedures, including shorter preregistration periods, lower fees and easier payment terms. (Res. 303, A-93; Reaffirmed: CME Rep. 2, A-03; Reaffirmed: CME Rep. 16, A-09)	Rescind; incorporate into current policy H-275.926 [see Recommendation 5].
H-405.972 Recertification Alternatives Our AMA continues to support the development and validation of alternatives to recertification by standardized testing. (Res. 317, I-92; Reaffirmed: Res. 306, I-97; Reaffirmed: CME Rep. 7, A-02; Reaffirmed: CME Rep. 7, A-07; Reaffirmed: CME Rep. 16, A-09)	Rescind; reconcile with similar and more recent policy [see D-275.960 (3)].
H-405.973 Board Certification It is the policy of the AMA (1) to continue to work with other medical organizations to educate the profession and the public about the board certification process; and (2) that, when the occasion arises that equivalency of board certification must be determined, the Essentials for Approval of Examining Boards in Medical Specialties be utilized for that determination. (CME Rep. D, A-92; Reaffirmed: CME Rep. 2, A-03; Reaffirmed: CME Rep. 7, A-07; Reaffirmed: CME Rep. 16, A-09)	Rescind; incorporate into current policy H-275.926 [see Recommendation 5].
H-405.974 Specialty Recertification Examinations Our AMA (1) encourages the American Board of Medical Specialties and its member boards to continue efforts to improve the validity and reliability of procedures for the evaluation of candidates for certification; (2) believes that the holder of a certificate without time limits should not be required to seek recertification; and (3) believes that no qualifiers or restrictions should be placed on lifetime certifications recognized by the American Board of Medical Specialties. (CME Rep. E, A-92; Reaffirmed: CME Rep. 7, A-02; Reaffirmed: CME Rep. 7, A-07; Reaffirmed: CME Rep. 16, A-09; Reaffirmed: CME Rep. 10, A-12; Reaffirmed in lieu of Res. 313, A-12; Appended: Res. 314, A-14)	Rescind; reconcile item 1 with similar and more recent policy [see D-275.960 (3)]. Incorporate items 2 and 3 into policy H-275.924 [see Recommendation 1].
H-405.975 Recertification Exam for the American Board of Medical Specialties Our AMA actively encourages those specialty boards that issue time limited certificates to include young physicians with such certificates in the decision-making process for any design of plans for recertification.	Rescind; reconcile with similar and more recent policy [see H-275.931 (2)].

(Res. 303, A-92; Reaffirmed: CME Rep. 7, A-02; Reaffirmed: CME Rep. 2, A-03; Reaffirmed: CME Rep. 7, A-07; Reaffirmed: CME Rep. 16, A-09)	
D-275.957 An Update on Maintenance of Licensure 1. Our AMA will work with interested state medical societies and support collaboration with state specialty medical societies and state medical boards on establishing criteria and regulations for the implementation of maintenance of licensure (MOL) that reflect AMA guidelines for implementation of state MOL programs and the FSMB's Guiding Principles for MOL. 2. Our AMA will explore the feasibility of developing, in collaboration with other stakeholders, AMA products and services that may be helpful tools to shape and support MOL for physicians. (CME Rep. 3, A-15)	Retain, with revisions, as shown in Recommendation 4; this policy encompasses all directives related to MOL.
D-275.960 An Update on Maintenance of Certification, Osteopathic Continuous Certification, and Maintenance of Licensure 1. Our AMA will encourage the American Board of Medical Specialties (ABMS) and the specialty certification boards to continue to explore other ways to measure the ability of physicians to access and apply knowledge to care for patients as an alternative to high stakes closed book examinations. 2. Our AMA will continue to monitor the evolution of Maintenance of Certification (MOC), Osteopathic Continuous Certification (OCC), and Maintenance of Licensure (MOL), continue its active engagement in discussions regarding their implementation, and report back to the House of Delegates on these issues. 3. Our AMA will (a) work with the ABMS and ABMS specialty boards to continue to examine the evidence supporting the value of specialty board certification and MOC and to determine the continued need for the mandatory high-stakes examination; and (b) work with the ABMS to explore alternatives to the mandatory high-stakes examination. 4. Our AMA encourages the ABMS to ensure that all ABMS specialty boards provide full transparency related to the costs of preparing, administering, scoring, and reporting MOC and certifying/recertifying examinations and ensure that MOC and certifying/recertifying examinations do not result in significant financial gain to the ABMS specialty boards. 5. Our AMA will work with the ABMS to lessen the burden of MOC on physicians with multiple board certifications, in particular to ensure that MOC is specifically relevant to the physician's current practice. 6. Our AMA: (a) supports ongoing ABMS specialty board efforts to allow other physician educational and quality improvement activities to count for MOC; (b) supports specialty board activities in facilitating the use of MOC quality improvement activities to	Rescind; incorporate items 1, 3-6, 8, 10-18 into new policy [see Recommendation 2]. Incorporate items 2, 7 and 9 into new policy [see Recommendation 2] and D-275.957 [see Recommendation 4].

count for other accountability requirements or programs such as pay for quality/performance or PQRS reimbursement; (c) encourages the ABMS specialty boards to enhance the consistency of such programs across all boards; and (d) will work with specialty societies and specialty boards to develop tools and services that facilitate the physician's ability to meet MOC requirements. 7. Our AMA Council on Medical Education will continue to review published literature and emerging data as part of the Council's ongoing efforts to critically review MOC, OCC, and MOL issues. 8. Our AMA will work with the ABMS and the ABMS Member Boards to collect data on why physicians choose to maintain or discontinue their board certification. 9. Our AMA will work with the ABMS and the Federation of State Medical Boards to study whether MOC and the principles of MOL are important factors in a physician's decision to retire and have a direct impact on the US physician workforce. 10. Our AMA: (a) encourages specialty boards to investigate and/or establish alternative approaches for MOC; (b) will prepare a yearly report regarding the maintenance of certification process; and (c) will work with the ABMS to eliminate practice performance assessment modules, as currently written, from the requirement of MOC. 11. Our AMA: (A) will continue to work with the American Board of Medical Specialties (ABMS) to ensure that physicians are clearly informed of the maintenance of certification requirements for their specific board and the timelines for accomplishing those requirements; and (B) encourages the ABMS and its member boards to develop a system to actively alert physicians to the due dates of the multi-stage requirements of continuous professional development and performance in practice, thereby assisting them with maintaining their board certification.) 12. Our AMA will work with the American Board of Medical Specialties to streamline and improve the Cognitive Expertise (Part III) component of Maintenance of Certification, including the exploration of alternative formats, in ways that effectively evaluate acquisition of new knowledge while reducing or eliminating the burden of a high-stakes examination. 13. Our AMA encourages medical specialty societies' leadership to work with the ABMS, and their member specialty boards, to identify those specialty organizations that have developed an appropriate and relevant MOC process for its members. 14. Our AMA will advocate that the American Board of Medical Specialties (ABMS) develop fiduciary standards for its member boards that are consistent with AMA Policy D-275.960 (4), An Update on Maintenance of Certification (MOC), Osteopathic Continuous Certification and Maintenance of Licensure, which states that our AMA encourages the ABMS to ensure that all ABMS specialty boards provide full transparency related to the costs of preparing, administering, scoring and reporting MOC and	

certifying/recertifying examinations and ensure that MOC and certifying/recertifying examinations do not result in significant financial gain to the ABMS specialty boards. 15. Our AMA encourages AMA members to be proactive in shaping Maintenance of Certification (MOC) and Osteopathic Continuous Certification by seeking leadership positions on the ABMS member boards, American Osteopathic Association specialty certifying boards and MOC Committees. 16. Our AMA will continue to monitor the actions of professional societies regarding recommendations for modification to Maintenance of Certification. 17. Our AMA will work with interested parties to ensure that Maintenance of Certification uses more than one pathway to assess accurately the competence of practicing physicians, to monitor for exam relevance and to ensure that MOC does not lead to unintended economic hardship such as hospital de-credentialing of practicing physicians. (CME Rep. 10, A-12; Modified: CME Rep. 4, A-13; Reaffirmed in lieu of Res. 610, A-14; Appended: CME Rep. 6, A-14; Appended: Sub. Res. 920, I-14; Modified: CME Rep. 2, A-15; Appended: Res. 301, A-15; Appended: Res. 302, A-15; Appended: Res. 314, A-15)	
D-275.961 Coordinated Efforts of Federation of State Medical Boards, American Board of Medical Specialties and American Osteopathic Association Regarding Maintenance of Licensure Our AMA encourages the FSMB and state medical and osteopathic boards to recognize that, if state medical or osteopathic boards move forward with the Maintenance of Licensure program, each state medical board should not revoke active allopathic and osteopathic licenses on the basis of MOC or OCC requirements not being fulfilled. (Res. 325, A-11; Modified: CME Rep. 10, A-12)	Rescind; reconcile this policy with similar and more recent policy [see H-275.920 (1)].
D-275.969 Specialty Board Certification and Recertification 1. Our AMA will continue to monitor the progress by the ABMS and its member boards on implementation of Maintenance of Certification (MOC) and encourage ABMS to report its research findings on the issues surrounding certification, recertification and MOC on a periodic basis. 2. An update report will be prepared for the AMA House of Delegates no later than 2010. 3. Our AMA will encourage dialogue between the ABMS and its respective specialty societies to work on development, implementation, and monitoring of MOC that meets the needs of practicing physicians and improves patient care. 4. Our AMA will exercise its full influence to protect physicians from undue burden and expense in the Maintenance of Certification process. (CME Rep. 7, A-07; Reaffirmed: CME Rep. 16, A-09; Reaffirmed in lieu of Res. 919, I-13)	Rescind; incorporate item 1 into new policy [see Recommendation 2]. Item 2 completed with *CME Report 3-A-10, Specialty Board Certification and Maintenance of Licensure* Reconcile item 3 with similar and more recent policy [see D-275.960 (13)]. Reconcile item 4 with similar and more recent policy [see H-275.924 (4)].

D-275.971 American Board of Medical Specialties - Standardization of Maintenance of Certification Requirements 1. Our AMA will work with the American Board of Medical Specialties to streamline Maintenance of Certification (MOC) to reduce the cost, inconvenience, and the disruption of practice due to MOC requirements for all of their member boards, including subspecialty requirements. 2. Our AMA will actively work to enforce existing policies to reduce current costs and effort required for the maintenance of certification and to work to control future charges and expenses. (Sub. Res. 313, A-06; Reaffirmed: CME Rep. 7, A-07; Reaffirmed: CME Rep. 16, A-09; Appended: Res. 319, A-12; Reaffirmed in lieu of Res. 313, A-12; Reaffirmed in lieu of Res. 919, I-13)	Rescind; reconcile items 1 and 2 with similar and more recent policy [see H-275.924 (4)].
D-275.977 Update on the American Board of Medical Specialties Program on Maintenance of Certification (MOC) Our AMA will: (1) continue to monitor the progress of Maintenance of Certification (MOC) and its ultimate impact on the practice community; (2) encourage the Physician Consortium for Performance Improvement, the American Board of Medical Specialties (ABMS), and the Council of Medical Specialty Societies to work together toward utilizing Consortium performance measures in Part IV of MOC; (3) encourage the ABMS Maintenance of Certification Task Force to develop and adopt recommendations for re-entry into clinical practice and entry into Step IV of MOC for diplomates not involved in direct patient care; and (4) request that the ABMS restrain from dividing every aspect of their specialist physician practice into numerous added qualification exams and that, whenever possible, alternate methods be sought to ensure adequate qualifications and make the process less onerous for physicians. (CME Rep. 9, A-05; Reaffirmed: CME Rep. 7, A-07; Reaffirmed: CME Rep. 16, A-09; Appended: Res. 314, A-11)	Rescind; reconcile item 1with similar and more recent policy [see D-275.960 (2)]; Incorporate item 2 into new policy [see Recommendation 2]. Item 3 completed; the American Board of Medical Specialties (ABMS) was notified of the House action, and the ABMS Member Boards were encouraged to address re-entry and the clinically inactive physicians within their structured MOC programs. Item 4 completed; the American Board of Medical Specialties, Council of Medical Specialty Societies and Physician Consortium for Performance Improvement were notified of the House action.
D-275.987 Internal Medicine Board Certification Report - Interim Report Our AMA shall: (1) support the ACP/ASIM in its efforts to work with the American Board of Internal Medicine (ABIM) to improve the Maintenance of Certification (MOC) program; (2) encourage specialty societies to work with their respective ABMS member board to develop, implement and evaluate the	Rescind; incorporate items 1 and 3 into new policy [see Recommendation 2]. Reconcile item 2 with similar and more recent policy [see D-275.960 (13)]. Reconcile item 4 with similar

Maintenance of Certification (MOC) program; (3) continue to assist physicians in practice performance improvement; (4) continue to monitor the progress by the American Board of Internal Medicine and the other member boards of the American Board of Medical Specialties (ABMS) on implementing the Maintenance of Certification (MOC) program; (5) encourage the ABMS to include practicing physicians and physicians with time limited board certificates to assist in designing and evaluating the Maintenance of Certification (MOC) process for each of the ABMS member boards; and (6) shall study the ethical implications of the Maintenance of Certification (MOC) program including the patient assessment component vis-à-vis the doctor-patient relationship and the ethical implications of the peer review component vis-à-vis the practice environment. (CMS Rep. 7, A-02; Reaffirmed: CME Rep. 9, A-05; Reaffirmed: CME Rep. 7, A-07; Reaffirmed: CME Rep. 16, A-09)	and more recent policy [see D-275.960 (2)]. Reconcile item 5 with similar and more recent policy [see D-275.960 (15)]. Item 6 completed; *CEJA Report 10-A-03, Maintenance of Certification – Ethical Dimensions*, addressed the ethical implications of the MOC program including the patient assessment component as related to the doctor-patient relationship and the peer review component as related to the practice environment.
D-300.978 Continuing Medical Education Credit for Maintenance of Certification / Osteopathic Continuous Certification Activities 1. Our AMA will petition both the American Board of Medical Specialties (ABMS) and the American Osteopathic Association (AOA) to strongly encourage each of its specialty boards to offer certified Continuing Medical Education (CME) credit for required Maintenance of Certification (MOC) and Osteopathic Continuous Certification (OCC) activities dealing with practice performance assessment and life long learning. 2. Our AMA encourages all specialty societies to grant certified CME credit for activities that they offer to fulfill requirements of their respective specialty boards' MOC and associated processes. (Res. 329, A-11)	Rescind; item 1 completed; notification of the House action was sent to the American Board of Medical Specialties and American Osteopathic Association. Each medical school, residency program director, directors of medical education at U.S. teaching hospitals and other interested groups received notice of the House action via the *MedEd Update*. Incorporate item 2 into new policy [see Recommendation 2].