**RESOLUTION 39-20**

Title: End Time Limited Board Certification

Introduced by: David Whalen, MD, for the Kent County Delegation

Original Authors: Megan Edison, MD, and David Whalen, MD

Referred To: Reaffirmation Calendar

House Action: **REAFFIRMED**

---

Whereas, achievement of initial board certification status after residency or fellowship is widely regarded as a marker of academic competency in a medical or surgical specialty, and

Whereas, initial board certification is all that is required of time-unlimited, or "grandfathered," physicians to be board-certified without any concerns about their competence or professionalism, and

Whereas, time-unlimited physicians have the option to participate and purchase the maintenance of certification (MOC) educational product, but they do not lose initial board certification if they choose not to participate, and

Whereas, time-limited physicians must continually participate and purchase MOC, or they will lose initial board certification and be erased from publicly available certification websites if they do not comply with the MOC process, and

Whereas, continuing medical education (CME) from a robust competitive CME marketplace is widely regarded as the physician pathway to staying current and up to date in a specialty and is therefore required by most states for medical licensure and renewal, and

Whereas, the proprietary MOC educational products from the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) have no proven academic benefit over other forms of CME to improve quality of care and patient outcomes, and

Whereas, robust local accountability systems throughout our profession (including direct observation through our work together as fellow colleagues, employer peer review, hospital peer review, and review by state Boards of Medicine) exist and assure professionalism, discipline, and self-regulation of our profession locally, and

Whereas, private medical specialty boards (e.g., ABMS, AOA) have little to no jurisdiction to ensure discipline, accountability, and professionalism of physicians, and

Whereas, the MOC product is not academically superior to other forms of CME in terms of patient outcomes and is jurisdictionally inferior to local forms of professional accountability and discipline, rendering it a duplicative burden upon younger physicians, at best, and

Whereas, loss of initial board certification status for not participating and purchasing the MOC product results in significant financial and professional harm to time-limited physicians as they are removed from insurance panels and hospitals; thereby, forcing many physicians to comply with MOC, and

Whereas, all good faith efforts by organized medicine asking ABMS and AOA to limit the cost, burden, and stress of forced MOC have been ignored, resulting in ongoing harm to physicians, and

Whereas, all good faith efforts by organized medicine asking that MOC not be tied to insurance reimbursement and hospital privileges have been ignored, and

Whereas, it is time to stop this nonsense and the harm forced MOC is causing physicians; therefore be it

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to call for an end to time-limited American Board of Medical Specialties and American Osteopathic Association board certification; thereby, ending discrimination against time-limited board-certified physicians, and

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to allow the purchase and participation of any proprietary continuing board certification or maintenance of certification or osteopathic continuous certification product to be a voluntary process for all board-certified physicians; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to call on the American Board of Medical Specialties and the American Osteopathic Association to make continuing board certification or maintenance of certification or osteopathic continuous certification a voluntary process separate from initial certification; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) work with the American Board of Medical Specialties and the American Osteopathic Association to ensure that initial board certification remain as a time-unlimited, earned marker of academic competency, and should not be nullified for not participating in or purchasing the maintenance of certification product.

---

WAYS AND MEANS COMMITTEE FISCAL NOTE: Resolutions only requesting new or revised MSMS or AMA policy - $500

**Relevant MSMS Policy:**

**Review Board Recertification and Maintenance of Certification Process**

MSMS supports Maintenance of Certification (MOC) only under all of the following circumstances:

1. MOC must be voluntary.
2. MOC must not be a condition of licensure, hospital privileges, health plan participation, or any other function unrelated to the specialty board requiring MOC.
3. MOC should not be the monopoly of any single entity. Physicians should be able to access a range of alternatives from different entities.
4. The status of MOC should be revisited by MSMS if it is identified that the continuous review of physician

competency is objectively determined to be a benefit for patients. If that benefit is determined to be present by objective data regarding value and efficacy, then MSMS should support the adoption of an evidence based process that serves only to improve patient care.

**Relevant AMA Policy:**

**Continuing Board Certification H-275.924**
Continuing Board Certification AMA Principles on Continuing Board Certification
1. Changes in specialty-board certification requirements for CBC programs should be longitudinally stable in structure, although flexible in content.
2. Implementation of changes in CBC must be reasonable and take into consideration the time needed to develop the proper CBC structures as well as to educate physician diplomates about the requirements for participation.
3. Any changes to the CBC process for a given medical specialty board should occur no more frequently than the intervals used by that specialty board for CBC.
4. Any changes in the CBC 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. CBC requirements should not reduce the capacity of the overall physician workforce. It is important to retain a structure of CBC 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 are neither 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 CBC 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 CBC. Specifically, careful consideration must be given to the types and format of physician-specific data to be publicly released in conjunction with CBC participation.
9. Our AMA affirms the current language regarding continuing medical education (CME): "Each Member Board will document that diplomates are meeting the CME and Self-Assessment requirements for CBC Part II. The content of CME and self-assessment programs receiving credit for CBC 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 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 CBC 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. CBC is but one component to promote patient safety and quality. Health care is a team effort, and changes to CBC should not create an unrealistic expectation that lapses in patient safety are primarily failures of individual physicians.
12. CBC 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. The CBC process should be evaluated periodically to measure physician satisfaction, knowledge uptake and intent to maintain or change practice.
14. CBC should be used as a tool for continuous improvement.
15. The CBC program should not be a mandated requirement for licensure, credentialing, recredentialing, privileging, reimbursement, network participation, employment, or insurance panel participation.
16. Actively practicing physicians should be well-represented on specialty boards developing CBC.

17. Our AMA will include early career physicians when nominating individuals to the Boards of Directors for ABMS member boards.
18. CBC activities and measurement should be relevant to clinical practice.
19. The CBC process should be reflective of and consistent with the cost of development and administration of the CBC components, ensure a fair fee structure, and not present a barrier to patient care.
20. Any assessment should be used to guide physicians' self-directed study.
21. Specific content-based feedback after any assessment tests should be provided to physicians in a timely manner.
22. 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 CBC.
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.
26. The initial certification status of time-limited diplomates shall be listed and publicly available on all American Board of Medical Specialties (ABMS) and ABMS Member Boards websites and physician certification databases. The names and initial certification status of time-limited diplomates shall not be removed from ABMS and ABMS Member Boards websites or physician certification databases even if the diplomate chooses not to participate in CBC.
27. Our AMA will continue to work with the national medical specialty societies to advocate for the physicians of America to receive value in the services they purchase for Continuing Board Certification from their specialty boards. Value in CBC should include cost effectiveness with full financial transparency, respect for physicians' time and their patient care commitments, alignment of CBC requirements with other regulator and payer requirements, and adherence to an evidence basis for both CBC content and processes.