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3 Title: Enforce AMA Principles on Continuing Board Certification

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

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

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9 Referred To:

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11 House Action:

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14 Whereas, the American Medical Association (AMA) Principles on Continuing Board  
15 Certification have been developed through the democratic process of various states' Houses of  
16 Delegates and the AMA House of Delegates, reflecting the collective will of state and national  
17 medical societies and their physician members, and

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19 Whereas, these longstanding principles clearly demand a continuing board certification  
20 process that is low cost, evidence-based, untied to insurance and hospital credentialing, and free of  
21 harm to the physician workforce, and

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23 Whereas, the proprietary American Board of Medical Specialties (ABMS) and American  
24 Osteopathic Association (AOA) continuing board certification product continues to be high cost,  
25 high stress, without evidence over other forms of continuing medical education, required for  
26 insurance and hospital credentialing, and harmful to the physician workforce, and

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28 Whereas, ABMS and AOA boards continue to ignore the AMA on nearly every aspect of the  
29 AMA policy handbook on continuing board certification, and

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31 Whereas, this failure to protect physicians from recertification harm is having significant  
32 effects upon cost of care, physician burnout, and access to qualified physicians, and

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34 Whereas, this failure to advocate successfully for these principles reflects poorly upon the  
35 ability of organized medicine to defend physicians and our right to care for patients; therefore be it

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37 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask  
38 our AMA to continue to actively work to enforce current AMA Principles on Continuing Board  
39 Certification; and be it further

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41 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask  
42 our AMA to publicly report their work on enforcing AMA Principles on Continuing Board  
43 Certification at the Annual and Interim meetings of the AMA House of Delegates.

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46 WAYS AND MEANS COMMITTEE FISCAL NOTE: Resolutions only requesting new or revised MSMS  
47 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.