AAFP Congress Resolution

Introduced by Mississippi Academy of Family Physicians

Subject*: Decoupling Initial Board Certification from Maintenance of Certification*

WHEREAS, the great journalist and humanist Norman Cousins in his book "Human Options" (1981) relates that the key to freedom is a human's ability to make choices and to have options with those choices; and

WHEREAS, Maintenance of Certification (MOC), an ongoing process of maintaining lifelong learning, clinical competence, and professional standing, is a longitudinal assessment process distinct from initial board certification, and MOC should not be restricted to monopoly control by one organization: the American Board of Medical Specialties (ABMS); and

WHEREAS, separating initial board certification from MOC will restore fair competition and transparency, as well as reduce barriers that currently advantage the ABMS umbrella; and

WHEREAS, initial certification should remain a rigorous, time-limited process evaluating training and core competency, while ongoing competency assessment should be diversified across accredited, low-cost, specialty-driven options (peer review, professional development modules, targeted skill assessments); and

WHEREAS, decoupling these functions in American Academy of Family Physicians (AAFP) and American Medical Association (AMA) policy will prevent a single entity from monopolizing credentialling, lowers financial and administrative burdens on physicians, and encourages innovation in lifelong learning that is more relevant to clinical practice and patient outcomes; and

WHEREAS, MOC has been discussed and debated for years on the floor of the AAFP Congress, with criticism spoken against monopoly control of MOC by ABMS; and

WHEREAS, there is little to no evidence that MOC needs to be controlled by one entity, such is an arbitrary process which increases costs and burdens for physicians and eliminates physician freedom and choice; and

WHEREAS, current AMA policy H-275.926 effectively couples initial certification and MOC by requiring an ongoing examination as a definitional standard for certifying body equivalency, a standard which was written to match ABMS practice in an attempt to disqualify MOC bodies which accept ABMS initial certification as its entry condition (which is quite logical) and then utilize CME-based and work-based recertification for longitudinal assessments; and

WHEREAS, there is no evidence which suggests that the board which performs "initial certification" is the most qualified or only qualified to access MOC; and

WHEREAS, this AMA policy arbitrarily encourages a monopoly system for MOC, which is harmful for the practicing physician by restricting their options and choices with MOC to only the ABMS; and

WHEREAS, board-certified physicians who for whatever reasons allow their MOC to lapse in many situations are required to retake the initial board exam in order to resume the MOC pathway; and

WHEREAS, some board-certified physicians are boarded in multiple areas and have to follow multiple pathways to maintain their MOC; and

WHEREAS, the MOC monopoly and its associated burdens may therefore contribute to reduced quality of patient care, physician displacement and premature physician retirement; and

WHEREAS, it is time to give American physicians options in the selection of appropriate MOC bodies; therefore, be it

RESOLVED, that our AAFP Congress affirm its support for initial specialty board certification as a critical aspect of medical training and professional accomplishment; and

RESOLVED, that our AAFP Congress advocate for multiple accredited pathways for Maintenance of Certification (MOC) that are specialty-led, affordable, and evidenced-based; and

RESOLVED, that our AAFP request of ABMS that its boards (and our board) should allow pathways for board-certified physicians (who have passed their initial board certification exams) to resume the MOC process if lapsed without having to take another high-stakes board exam via such routes as continuing medical education and proof of professional experience; and

RESOLVED, that our AAFP request of ABMS that its boards decrease MOC burdens on board-certified physicians who are boarded in multiple specialties; and

RESOLVED, that our AAFP encourage transparency and anti-monopoly safeguards in certification contracting; and

RESOLVED, that our AAFP ask the AMA to amend their policy H-275.926 to remove the requirement for independent ongoing examination as a definitional standard for certifying body equivalency for longitudinal assessments in MOC; and

RESOLVED, that AAFP create unbiased, evidence-based strategies and guidelines for policies for certifying body equivalency for MOC, separate from initial board certification, which reduce costs and administrative burdens on the practicing physician and eliminate monopoly (one entity) control of MOC.