

ABMS' Vision Commission Shares Final Recommendations on Improving MOC

The American Board of Medical Specialties' Vision Commission to improve the Maintenance of Certification (MOC) process has released its [final report and recommendations](#).

Prior to compiling the report, the members of the Vision Commission – including Pennsylvania Medical Society (PAMED) Past President Charles Cutler, MD, MACP – gathered background information from a wide variety of stakeholders within the medical profession.

The report – which was issued on Feb. 12, 2019 – recommends abandoning use of the term “Maintenance of Certification” in favor of an as-yet-to-be-determined term that communicates the concept, intent, and expectation of continuing certification programs. The Commission’s foundational recommendation is that “continuing certification must integrate professionalism, assessment, lifelong learning, and advancing practice to determine the certification status of a diplomate.”

Additionally, the report offers recommendations that the ABMS and ABMS Boards should consider implementing in the near-term (i.e. one to two years) or within an intermediate timeframe (i.e. less than five years). Of note is the recommendation that ABMS must encourage hospitals, health systems, payers, and other health care organizations to not deny credentialing or privileging to a physician solely on the basis of certification status

Vision Commission Recommendations

1. Continuing certification should constitute an integrated program with standards for professionalism, assessment, lifelong learning, and practice improvement.
2. Continuing certification should incorporate assessments that support diplomate learning and retention, identify knowledge and skill gaps, and help diplomates learn advances in the field.
3. ABMS Boards should develop new and reliable approaches to assessing professionalism and professional standing and have common standards for

how licensure actions for professionalism impact continuing certification.

4. Standards for learning and practice improvement must expect diplomate participation and meaningful engagement in both lifelong learning and practice improvement. ABMS Boards should seek to integrate readily available information from a diplomate's actual clinical practice into any assessment of practice improvement.
5. ABMS Boards have the responsibility and obligation to change a diplomate's certification status when certification standards are not met.
6. ABMS Boards must have clearly defined remediation pathways to enable diplomates to meet assessment, learning, and practice improvement standards in advance of any loss of certification.

Stakeholders in Continuing Certification

7. ABMS Boards should collaborate with professional and CME/CPD organizations to create a continuing certification system that serves the public while supporting diplomates in their commitments to be better physicians.
8. Hospitals, health systems, payers, and other health care organizations can independently decide what factors are used in credentialing and privileging decisions. The ABMS must inform these organizations that continuing certification should not be the only criterion used in these decisions and these organizations should instead use a wide portfolio of criteria. The ABMS must also encourage hospitals, health systems, payers, and other health care organizations to not deny credentialing or privileging to a physician solely on the basis of certification status.

Research and Evaluation of Continuing Certification

9. The ABMS and its Boards should collaborate with other organizations to facilitate and encourage independent research that determines whether and to what degree continuing certification contributes to diplomates providing safe, high-quality, patient-centered care, and which forms of assessment and professional development activities are most effective in helping diplomates

maintain and enhance their clinical skills and remain current in their specialties.

10. ABMS Boards must collectively engage in a regular, continuous quality improvement process and improve the effectiveness and efficacy of continuing certification programs.

ABMS' Boards Support of Diplomates

11. ABMS Boards must include diverse diplomate representation for leadership positions and governance membership. It should be required that a super-majority of voting Board members be clinically active, and that the ABMS Board include at least one member from the public.
12. Continuing certification should be structured to expect diplomate participation on an annual basis.
13. ABMS Boards must regularly communicate with their diplomates about the standards for the specialty and foster feedback about the program.
14. ABMS Boards should have consistent certification processes, including uniform definitions, cycle length, grace periods, remediation and re-entry pathways, and appeals processes.
15. ABMS Boards should facilitate reciprocal longitudinal pathways that enable multi-specialty diplomates to remain current in multiple disciplines across ABMS Boards without duplication of effort or excessive requirements.

View the full report [here](#), including the Commission's key findings and sub-items outlined under the above recommendations.