PRINCIPLES REGARDING PROFESSIONAL ACCOUNTABILITY

[All recommendations in *italics* reflect new College policy]

**Origin of the Accountability Workgroup**

At its July 11-12, 2009 meeting, the Board of Regents (BOR) charged the Medical Service Committee (MSC), the Ethics, Professionalism and Human Rights Committee, the Awards Committee, and the Education, Quality and Publication Committee to review the expanding obligations of professional accountability for internal medicine (IM) physicians and make recommendations to update the body of the American College of Physicians’ (ACP) accountability policy. Subsequently, College leadership asked the MSC to take the lead in addressing this issue. The MSC, at its January 13, 2010 webinar, formed an Accountability Workgroup composed of MSC members and representatives from the three additional “input” College Committees in order to respond to the BOR request. The final workgroup product, in the form of a set of accountability policy recommendations, would be reviewed by the MSC, now the Medical Practice and Quality Committee, and recommended to the BOR for approval.

**Definitions and Background**

Accountability—broadly refers to the obligation of one party to justify its actions and be held responsible for those actions by another interested party. ¹ This concept encompasses three main components:

- The accountable parties—who is responsible to whom?
- The domain of actions (standards) for which the parties are accountable—what is the party responsible for?
- The procedures of accountability—those formal and informal processes to evaluate compliance within the accountable domain and to disseminate the results of the evaluation—how do you know if the party is being responsible?

Professionalism—a proclaimed belief of a defined group (e.g., a professional medical society) in a common set of standards and values. ²

Professional Accountability (Internal)—the obligation of physicians to their patients, colleagues and society to accept and meet the defined standards and values established by their professional community and formally documented by the professional society. This is referred to here as internal accountability. It is this obligation that makes a physician a professional. The domain of ethics standards and values to which physicians are accountable to the ACP are defined by a number of sources including the ACP Ethics Manual ³ and positions determined by the College’s Ethics, Professionalism and Human Rights Committee, the Charter on Medical Professionalism (published by the ACP Foundation, ABIM Foundation and the European Society of Internal Medicine)⁴, and relevant positions of the American Medical Association’s Council on
Ethical and Judicial Affairs. Historically, the College has assumed multiple roles to facilitate professional accountability through developing and maintaining standards and values, educating our members about the standards and values, and supporting members’ efforts to abide by them. The College, as a voluntary medical society to which members pay dues, has highlighted the importance of self-regulation and self-scrutiny on the part of its physician members, and has evaluated whether its members are fulfilling their professional accountability obligations primarily through the limited approach of addressing ethical complaints reported to the College through a variety of sources.

Historically, physician competence has been established through a program of voluntary self regulation. The specialty boards under the American Board of Medical Specialties (ABMS) were established, with the support and collaboration of the medical societies, as independent, autonomous non-profit entities to help assure that ABMS certified physicians possess the knowledge, skills and attitudes essential to the provision of excellent care. The evaluations provided by ABMS boards also provide generally accepted evidence of professional accountability; particularly as they have expanded their assessments in recent years beyond medical knowledge. For internists, whether members of the College or not, the American Board of Internal Medicine (ABIM) currently discharges this role.

**Professional Accountability (External)**

This refers to the expectation for physician members as professionals to accept and meet the standards and values of entities (constituencies) other than their professional society and specialty certifying board. These entities traditionally come from the following perspectives:

- **Public Perspective**—refers to the expectations of individual patients and the public at large, for physicians to adhere to precepts of the social contract. Although the social contract is an abstract entity, the notion is that the special role and privileges that society bestows upon physicians and the medical profession entails a reciprocal obligation to service, excellence, and to uphold and exemplify the core values and virtues of the profession.

- **Regulatory Perspective**—refers to the expectation of a physician to abide by the domain of standards (requirements, rules, laws, regulations) and values defined by a governmental or healthcare service entity (e.g., a health plan or hospital) to promote and protect the public good. This is typically evaluated through licensing, credentialing or other formal regulatory process.

- **Market Perspective**—refers to the expectation of a physician to abide by the domain of standards and values implicitly and explicitly expected within the marketplace by the consumer/patient. This accountability is typically evaluated through the public availability of physician and other healthcare provider price and performance information.
Recommendations:

Principles Regarding ACP and Professional Accountability

- The Committee reaffirms the College's role to facilitate professional accountability through developing and maintaining the domain of standards and values, educating our members about the standards and values, and providing a community that inspires and supports member efforts to abide by these standards and values.
  - The Committee, after reviewing current College efforts to fulfill these three roles, believes that the College should evaluate methods to further create a community that inspires and supports physicians to abide by these standards and values. Such further efforts may include:
    - The establishment of a College-wide, internet-based, social network dedicated to the discussion of issues pertaining to professionalism by facilitating the exchange of information and ideas while preserving patient confidentiality and professional confidentiality.
    - The inclusion of “open forums” and other events at ACP chapter meetings and the annual meeting allowing all IM physicians to discuss common issues and challenges in medical practice, the value and meaning of doctoring, and ethics and professionalism.
  - The Committee further recommends that the College increase efforts to counter current trends towards the fragmentation of internal medicine into separate subspecialty communities, and promote activities that emphasize the professional communality among the members.
  - The Committee also recommends that the College evaluate the establishment of an entity, either by the College or by a trusted third party, that would collate and securely store members' credentials from other entities (licenses, board certification, PCMH recognition, Bridges to Excellence, etc.) as a convenience to members (i.e. serve as the keeper of a members' professional accountability portfolio).

- The Committee reaffirms that each member of the College should engage in a continual process of self-scrutiny and self-regulation relative to expected professional standards and values. This process should include engaging in an internal assessment and accepting information from legitimate external sources evaluating professional performance.

- The Committee recommends that the College engage in additional efforts to further educate and support the membership regarding their professional obligation to provide feedback to their peers about adhering to the highest level of professionalism and when that fails to report instances of colleagues thought to be engaging in unethical or impaired behaviors.

- The Committee takes the position that a process of lifelong learning is an essential component of any member of the physician profession. Based on this belief, the Committee recommends that members demonstrate participation in a process of continuous learning as a requirement for membership. It is suggested that new members be exempt from this requirement for the first two years. There should be multiple pathways to fulfill this requirement to allow members to focus on learning opportunities most pertinent to their professional activities.
The Committee believes that independent, non-profit certification boards, endorsed and advised by the College, are best positioned to assume the primary role of evaluating and certifying the extent to which College members are abiding by the standards and values of the profession. This recommendation also strongly reaffirms the College’s position that its role is to primarily educate members on excellent practice and professionalism and support their life-long learning and professionalism, while the boards’ primary role is to evaluate these efforts. Based upon this position, the Committee further recommends that:

- Certification boards, based upon a reaffirmation and expansion of current College policies should meet the following criteria to be deemed as a certifier of the extent to which physicians are abiding by the professional standards and values of the profession:
  - An “arms length” relationship with the College
  - Strong conflict-of-interest protections
  - Evaluation processes based on professional standards and values defined by the College
  - A non-profit organizational structure.
  - A transparent governance structure composed substantially of physician members
  - Transparent financial and reporting processes
  - Established processes that ensure that the evaluations are:
    - Transparent
    - Relevant to a variety of settings
    - Able to accommodate a variety of different learning styles
    - Non-burdensome as possible while remaining rigorous and robust and balancing cost and time sensitivities.
    - Non-redundant
    - Composed of quality measures to evaluate physician performance that are:
      - Evidence-based or, in the absence of sound scientific evidence, based on expert consensus
      - Relevant to assessing clinical skills expected of a physician in their defined area of practice.
      - Valid and reliable
      - Practical
      - Clearly defined
      - Related to actionable measurement goals
      - Stable over time, unless there is compelling evidence or a justifiable reason to modify them; and
      - Related to clinical conditions prioritized to have the greatest impact
  - Has an established quality control process in place that ensures the accuracy and validity of the assessment.
  - Contains an appeals process that provides participating physicians with an opportunity to review their evaluations for accuracy and, at the physician’s request, affords the opportunity for reconsideration.
Principles Guiding External Regulatory and Market Accountability

- The Committee, based on a reaffirmation and expansion of current College policy \(^6\), \(^7\), \(^8\), \(^9\), believes that regulatory or market entities holding physicians accountable should have:
  - A transparent governance structure that has meaningful physician engagement.
  - Transparent financial organizational processes and reporting mechanisms
  - Established processes that ensure that the accountability evaluation is:
    - Transparent
    - Relevant to a variety of settings
    - Able to accommodate a variety of different learning styles
    - Non-burdensome as possible while remaining rigorous and robust and balancing cost and time sensitivities.
    - Non-redundant
    - Composed of quality measures to evaluate physician performance that are:
      - Evidence-based or, in the absence of sound scientific evidence, based on expert consensus;
      - Relevant to assessing clinical skills expected of a physician in their defined area of practice;
      - Valid and reliable;
      - Practical;
      - Clearly defined;
      - Related to actionable measurement goals;
      - Stable over time, unless there is compelling evidence or a justifiable reason to modify them; and
      - Related to clinical conditions prioritized to have the greatest impact.
  - Has an established quality control process in place that ensures the accuracy and validity of the assessment.
  - Contain an appropriate appeals process that provides participating physicians with an opportunity to review their evaluations for accuracy and, at the physician’s request, afford the opportunity for reconsideration.
  - When publicly reporting physician performance:
    - The Committee highlights the importance of “process transparency” in the public reporting of healthcare performance and cost information—the explicit delineation of the methodology and evidence base used to develop the measures being reported.
    - The Committee holds that the public reporting of physician performance data in a manner that emphasizes differences between physicians should take into account the ability to provide reliable, valid and actionable differences.
    - The Committee further holds that the entity should employ the most effective means of presenting performance information to patients/consumers, and to educate these information users on the meaning (and limitations) of these differences among providers and on how to effectively use this information to make informed healthcare choices.
• The Committee supports the principles underlying the efforts of the Federation of State Medical Boards (FSMB) to establish a Maintenance of Licensure (MOL) process focused on the assuring of continuous physician competence. These principles are:
  - Maintenance of licensure should support physicians’ commitment to lifelong learning and facilitate improvement in physician practice.
  - Maintenance of licensure systems should be administratively feasible and should be developed in collaboration with other stakeholders.
  - The authority for establishing maintenance of licensure requirements should remain within the purview of state medical boards.
  - Maintenance of licensure should not compromise patient care or create barriers to physician practice.
  - The infrastructure to support physician compliance with maintenance of licensure requirements must be flexible and offer a choice of options for meeting requirements.
  - Maintenance of licensure processes should balance transparency with privacy protections.

• The Committee further recommends that the College advocates that the FSMB MOL processes be relevant to the various types and patterns of physician practices.

2 Ibid
5 Wynia, MK The role of professionalism and self regulation in detecting impaired and incompetent physicians. JAMA.2010;304(2):2010-212
9 American College of Physicians. Healthcare Transparency-Focus on Price and Clinical Performance Information