



An Update to ACP's *Professional Accountability Principles*

Approved by the ACP Board of Regents on February 20, 2024

The Physician Charter on Medical Professionalism^{1,2} states that professionalism is the basis of medicine's contract with society. It demands placing the interests of patients above those of the physician, setting and maintaining standards of competence and integrity, and providing expert advice to society on matters of health. In return, society grants responsibility to physicians the privilege of self-regulation. The principles and responsibilities of medical professionalism must be clearly understood by both the profession and society. First among the fundamental principles of medical professionalism is the primacy of patient welfare, based on a dedication to serving the interest of the patient. Among the fundamental professional responsibilities are commitment to professional competence, commitment to scientific knowledge, and commitment to professional responsibilities including engaging in internal assessment and accepting external scrutiny of professional performance.

ACP facilitates professional accountability to these principles and responsibilities of professionalism by developing and maintaining clinical and ethical standards, educating members about the standards, helping physicians to advance their knowledge and skills, and creating a community that inspires and supports member efforts to abide by these standards.

In addition to the principles and expectations for physician competence as described in the ACP Ethics Manual³, this document describes expectations for physician accountability primarily relating to achievement and maintenance of competence in clinical skills and medical knowledge.

Principles Regarding ACP and Professional Accountability:

- 1. Internal medicine physicians are expected to demonstrate accountability for their professional competence by engaging 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 credible sources evaluating professional performance.

- 2. ACP affirms initial certification of a physician by a credible certification board as an assessment for evaluating achievement of competency standards of the profession.**

Independent, non-profit certification boards work closely with training programs to evaluate and certify the extent to which College members are abiding by the standards of the

profession through an initial certification process. Credible certification boards should implement a valid process, and meet the following criteria:

- a. Strong conflict-of-interest protections
- b. A non-profit organizational structure
- c. A transparent governance structure composed substantially of physician members
- d. Publicly accessible financial and reporting processes
- e. Established transparent processes that ensure evaluations are:
 - i. Consistent with professional standards and values defined by the College
 - ii. Relevant to a variety of settings
 - iii. Non-burdensome and considerate of the cost and time required
 - iv. Non-redundant to other professional requirements
- f. Quality control processes ensure accuracy and content validity of the assessment.
- g. Appeals processes provide participating physicians with an opportunity to review their evaluations for accuracy and, at the physician's request, opportunity for reconsideration.
- h. Reasonable accommodations for persons with disabilities as defined by the Americans with Disabilities Act, pregnant and nursing physicians, and those people with medical need for comfort aids or other necessary accommodation.

3. Internal medicine physicians should demonstrate continuing professional accountability through formative assessment and continual learning and improvement using high quality educational resources, such as those created by professional societies.

ACP recognizes that initial certification, as a single assessment in time, does not in itself demonstrate continual maintenance of clinical and ethical standards. A continual process of self-regulation should include engaging in longitudinal self-assessment combined with periodic external objective feedback from trusted sources and self-directed efforts to fill identified gaps in professional performance.

4. Regulatory or market entities holding physicians accountable should themselves meet standards for credibility and accountability.

Regulatory or market entities should meet the following criteria:

- a. Strong conflict-of-interest protections
- b. A transparent governance structure that has meaningful physician engagement
- c. Publicly accessible financial and reporting processes
- d. Established transparent processes that ensure that the accountability evaluation is:
 - i. Consistent with professional standards and values defined by the College
 - ii. Non-burdensome and considerate of the cost and time required
 - iii. Non-redundant to other professional requirements

- iv. Supportive of equity in health and healthcare by supporting the evaluation needs of a diverse workforce practicing in diverse settings
 - e. Quality control processes ensure accuracy and content validity of the assessment
 - f. Appeals processes provide participating physicians with an opportunity to review their evaluations for accuracy and, at the physician's request, opportunity for reconsideration.
 - g. Reasonable accommodations for persons with disabilities as defined by the Americans with Disabilities Act, pregnant and nursing physicians, and those people with medical need for comfort aids or other necessary accommodation.
5. **Physician performance measurement should be grounded in scientific evidence using properly designed and tested initiatives that support both the primacy of patient welfare and the commitment of physicians to their professional objectives. These efforts must be transparent and protected from inappropriate influence by those who have a direct financial interest in a particular definition of a standard or a performance measure.**⁴

ACP embraces performance measurement as a means to improve quality. ACP believes a performance measure must be methodologically sound and evidence-based to be considered for inclusion in payment, accountability, or reporting programs. A well-designed performance measure represents opportunities to improve quality of patient health care by assessing the structures, clinical processes, and clinical and patient-reported outcomes associated with high quality health care.⁵ Performance measurement should be fully integrated into care delivery, not limited by easy to obtain data (e.g., administrative data) nor functioning as a stand-alone, retrospective quality improvement exercise.⁶ A performance measure should adhere to specific principles and criteria; measures should be clinically important, support provision of appropriate care, be based on strong recommendations, be reliable and valid at a physician level, be under a physician's control, address feasibility and low burden of data collection, and incorporate consideration of unintended consequences.⁷

6. **Decisions about state licensure should be based on a physician's performance in their practice setting and a broad set of criteria for assessing competence, professionalism, commitment to continuous professional development, and quality of care provided.**

A wide variety of attributes contribute to a physician's competence and quality of care. ACP believes that participation in programs for physician accountability such as continuing certification should not be included in determination of licensure. The primary determinants should be demonstrated performance for providing high quality, compassionate care and a commitment to continuous professional development. ACP recommends that licensure questions address current status rather than past history, not distinguish between mental and physical health, and elicit objective information about functional status.⁸

7. Decisions about hospital or insurer credentialing should be based on a physician's performance in their practice setting and a broad set of criteria for assessing competence, professionalism, commitment to continuous professional development, and quality of care provided.

Because a wide variety of attributes contribute to a physician's competence and quality of care, physician credentialing should be assessed holistically. Participation in programs for physician accountability such as maintenance of certification should not be a mandatory prerequisite for credentialing. ACP believes that participation in programs for physician accountability such as continuing certification should not be a mandatory, sole, overriding, principal, or absolute prerequisite for credentialing including acceptance into health plan networks, reimbursement, hospital medical staff privileges, medical liability coverage, and/or other purposes.⁹ The primary determinants should be demonstrated performance for providing high quality, compassionate care and a commitment to continuous professional development. ACP recommends that credentialing questions address current status rather than past history, not distinguish between mental and physical health, and elicit objective information about functional status.⁸

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