



## **ACP Professional Accountability Principles**

*Approved by the Board of Regents in March 2018*

### Definitions

▪ *Accountability* refers to the obligation of one party to justify its actions and be held responsible for those actions by another interested party (1) and 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* is a proclaimed belief of a defined group (e.g., a professional medical society) in a common set of standards and values (2)

▪ *Internal Professional Accountability* is a physician's obligation to patients, colleagues and society to accept and meet the clinical and ethical standards and values established and assessed by the professional community, which includes professional societies and certifying boards. It is this obligation that makes a physician a professional.

▪ *External Professional Accountability* (1, 3) is the expectation that physicians as professionals will accept and meet the clinical and ethical standards and values of entities (constituencies) outside their professional community. 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 entail 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 another 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.

### Principles Regarding ACP and Professional Accountability

1. ACP facilitates professional accountability through developing and maintaining the domain of clinical and ethical standards and values, educating members about the standards and values,

and providing a community that inspires and supports member efforts to abide by these standards and values.

2. Every ACP member 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 sources evaluating professional performance.

3. Independent, non-profit certification boards assume the primary role of evaluating and certifying the extent to which College members are abiding by the standards and values of the profession through initial certification.

4. ACP recognizes that initial certification, as a single assessment in time, does not in itself demonstrate continual maintenance of clinical and ethical standards and values. ACP members should demonstrate continuing professional accountability through a valid process, such as assessment by a certification body that meets the following criteria:

a. Strong conflict-of-interest protections

b. Evaluation processes based on professional standards and values defined by the College

c. A non-profit organizational structure

d. A transparent governance structure composed substantially of physician members

e. Transparent financial and reporting processes

f. Established processes that ensure that the evaluations are:

i. Transparent

ii. Relevant to a variety of settings

iii. Able to accommodate a variety of different assessment methods

iv. Non-burdensome as possible while retaining utility for the support of excellence in patient care

v. Considerate of the cost and time required

vi. Non-redundant to other professional requirements

g. Has an established quality control process in place that ensures the accuracy and content validity of the assessment.

h. 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.

i. Able to accommodate people with disabilities.

#### Principles Guiding External Regulatory and Market Accountability

5. Regulatory or market entities holding physicians accountable should have (4,5,6,7)

a. A transparent governance structure that has meaningful physician engagement

b. A transparent financial organizational processes and reporting mechanisms

c. Established processes that ensure that the accountability evaluation is:

i. Transparent

ii. Relevant to a variety of settings

iii. Able to accommodate a variety of different methods

iv. Non-burdensome as possible while remaining rigorous and robust and balancing cost and time sensitivities.

v. Non-redundant

d. An established quality control process in place that ensures the accuracy and validity of the assessment.

e. An appropriate 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.

6. When publicly reporting physician performance

a. Transparency is important. The methodology and evidence base used to develop the measures being reported should be explicitly delineated.

b. Reporting entities should use the most effective means of presenting performance information to patients/consumers

c. Patients/consumers should be educated on the meaning and limitations of reported differences among providers and on how to effectively use this information to make informed healthcare choices.

d. Reporting entities should use a standardized set of performance measures and data collection methodology, consensually agreed upon by relevant nationally recognized healthcare stakeholders.

7. Decisions about state licensure and hospital or insurer credentialing should be based on a physician's performance in his or her 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, participation in programs for physician accountability such as maintenance of certification should not be an absolute prerequisite for licensure and credentialing. The primary determinants should be demonstrated performance for providing high quality, compassionate care and a commitment to continuous professional development.

Principles underlying the efforts of the Federation of State Medical Boards (FSMB) to establish a Maintenance of Licensure (MOL) process (8) focused on the assuring of continuous physician competence

8. Maintenance of licensure should support physicians' commitment to lifelong learning and facilitate improvement in physician practice.

9. Maintenance of licensure systems should be administratively feasible and should be developed in collaboration with other stakeholders.

10. The authority for establishing maintenance of licensure requirements should remain within the purview of state medical boards.

11. Maintenance of licensure should not compromise patient care or create barriers to physician practice.

12. The infrastructure to support physician compliance with maintenance of licensure requirements must be flexible and offer a choice of options for meeting requirements.

13. Maintenance of licensure processes should balance transparency with privacy protections.

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4. American College of Physicians. *Linking Physician Payments to Quality Care.* Philadelphia: American College of Physicians; 2005.

5. American College of Physicians. *Developing a Fair Process Through Which Physicians Participating in Performance Measurement Programs Can Request a Reconsideration of their Ratings.* April 2007. Accessed at [http://www.acponline.org/advocacy/where\\_we\\_stand/policy/appeals.pdf](http://www.acponline.org/advocacy/where_we_stand/policy/appeals.pdf)

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