



October 2, 2015

Dear ACP members,

I am writing with one of my regular updates to ACP members about the Maintenance of Certification (MOC) program from the American Board of Internal Medicine (ABIM). You may have already heard about or seen the recently released report from ABIM's Assessment 2020 Task Force. ABIM charged the Task Force to develop a vision for the future of physician assessment in internal medicine and its subspecialties. While being guided by the needs of patients and society, the Task Force was also charged with being attentive to both the burden and the benefit to physicians. The goal was to recommend a program that would be defensible, relevant, and both engaging and efficient for physicians. At the same time, it would provide the public with a useful, valid assessment of physician competence.

The detailed Assessment 2020 Task Force Report is publicly available on the web at <http://assessment2020.abim.org/final-report/>. Here is a very brief summary of what I believe are the most important recommendations:

- Replace the high stakes examination every 10 years with a series of low-stakes assessments that could be taken at home or in the workplace, and that could have some open-book and some closed-book portions. A longer examination (or some other form of evaluation) would be necessary only in the absence of satisfactory completion of the low-stakes assessments. This model would likely eliminate the current self-assessment component of MOC.
- Focus the assessments on relevant cognitive and technical/procedural skills, with the opportunity to customize MOC according to the physician's area(s) of practice. Note that ABIM has already eliminated the need for maintaining an underlying certificate (e.g., Cardiology) for physicians maintaining a more specialized certificate (e.g., Interventional Cardiology).
- Continue to demonstrate non-cognitive skills such as communication, teamwork, quality improvement, etc., as part of primary certification, not MOC. These important competencies are often dependent upon the teams and systems in which the physician practices, and it is currently unclear how and by whom they can best be assessed at the individual physician level.

ACP supports the recommendations that have been proposed by the Assessment 2020 Task Force report. They address many of the important concerns that ACP has raised over the past several years through our frequent and regular communication, feedback, and interaction with ABIM leadership and staff. They also include many of the specific recommendations that we have made to ABIM and that are consistent with our principles for physician accountability.

We are pleased that ABIM also recognized the importance of formal input from ACP to the Task Force by including Dr. Patrick Alguire, ACP's Senior Vice President for Medical Education, as an *ex officio* member of the Task Force.

We recognize that implementation of any of the recommendations will require approval of ABIM's Board of Directors and urge them to act quickly to consider and implement these important changes. We also recognize that many of our members are concerned about the monetary cost of MOC, which was not addressed by the Task Force, but is an important issue that ABIM should also address.

We will be providing a formal and more detailed response to ABIM about the Task Force Report. Later this year, we will also inform ABIM of feedback we receive from an MOC survey we recently sent to several thousand randomly selected ACP members. We will also continue our regular meetings and other interactions at multiple levels with ABIM Board and staff leadership, advocating for those reforms that will simultaneously meet patient and societal needs while assuring relevance, value, and the need to minimize burden for physicians.

Finally, we'd like to reiterate our position that ACP does not support making participation in MOC an absolute prerequisite for state licensure, hospital credentialing, or health plan (insurer) credentialing. Instead, decisions about licensure and credentialing should be based on the physician's performance in his or her practice setting and a broader set of criteria for assessing competence, professionalism, commitment to continuous professional development, and quality of care provided.

We appreciate all the input we have received from our members. It has been invaluable in our ability to represent the physician community and to have our major impact on current and future reform of the MOC process.

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