



July 6, 2015

Dear ACP Member,

I know that the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program continues to be an area of concern for many ACP members, so I am writing to update you about ACP's ongoing work in this area and our efforts to improve ABIM's MOC process. I also want to reassure you that reforming the MOC process continues to be a top priority for ACP.

As background for my comments, I would note that ACP supports physician accountability and the demonstration of continuous professional development and ongoing competency. However, we also believe and advocate strongly that physician accountability programs must be relevant and valuable to physicians as well as to their patients. To that end, ACP's Board of Regents has recently updated its [Principles of Physician Accountability](#) policy, which are standards that should characterize organizations and programs certifying or recertifying physicians. These principles, along with your input, help guide ACP's advocacy efforts related to this issue and our interactions with organizations or programs involved in physician accountability. Ultimately, each of you must make your own informed decision about the pathway that best meets your professional needs as well as the needs of your patients for the highest quality medical care.

Because your input is vitally important to ACP's advocacy for a better MOC process, we are undertaking a broader representative assessment of our members' views and plans regarding MOC. Within the next few weeks we will conduct an email survey of a random sample of several thousand ACP members. This evaluation of members' opinion about MOC and related issues will help shape our approach so that we can best represent you. If you happen to be one of the physicians who receives the survey, we strongly encourage you to complete it, as a high response rate is critical to maximize the value of the results.

You may be aware that ABIM recently released a revised [blueprint](#) for the Fall 2015 internal medicine exam, which outlines the status of a long list of topics and the likelihood of their being covered on the exam. ACP has repeatedly expressed to ABIM that the secure examination must be relevant to the daily practice of those taking it. In order to facilitate increased relevance of the examination, we provided names of several thousand randomly selected ACP members for an ABIM survey about the blueprint. Survey participants were asked to provide input about the frequency and importance in practice of topics on the blueprint, and this feedback led to the revision of the blueprint that will be used for selection of questions for the Fall 2015 examination. We are grateful to those of you who participated in and completed the ABIM survey.

I've received emails from some members questioning why ACP is not commenting on ABIM financials. ACP's primary goal is to assure that ABIM acts to make the MOC process more relevant, efficient, valuable, and affordable for internal medicine specialists and subspecialists. We believe that the finances of a certifying organization should be transparent, and we strongly advocate for that. ACP's priority, however, is improving the process by which physicians demonstrate ongoing competence. We are keeping our eyes on that ultimate goal, and we believe that getting involved with evaluating ABIM's finances diverts us from, and makes us less likely to achieve that goal. ACP does not endorse or oppose specific organizations involved in physician accountability, an approach we believe gives us the greatest opportunity to effect positive change.

In other emails I have received, members have questioned ACP's motives for the educational products we provide, and I'd like to address this important issue. ACP has for many decades provided a wide range of educational resources to help members keep up with clinical issues and provide high quality care. This is a core part of our mission and we believe it is what members expect from ACP. These programs, products, and services were all started well before the inception of MOC by the ABIM. However, like other professional associations, we also have an obligation to help our members meet professional requirements, and we have attempted to reduce redundancy for our members by arranging for our longstanding educational resources to simultaneously provide MOC credit along with their educational value and CME credit. Of the 16 [resources](#) ACP offers to earn MOC points, 10 are free to ACP members. For those resources that are costly to develop and produce, such as MKSAP and live educational courses, ACP does need to charge to cover the cost of development.

More needs to be done, and ACP is committed to continuing our work to assure that MOC reflects the principles of accountability and meets the needs of the physician community as well as the patients they serve. We will closely monitor the results of the new internal medicine secure examination in Fall 2015, and we will continue to advocate for any further necessary changes in the examination as well as flexibility and reducing redundancy for other components of MOC. I want to thank each of you for your commitment to maintaining excellence in your work, whether that is caring for patients, teaching, conducting research, leading an organization, or all of these activities. This commitment to excellence unites us as ACP members who are involved in "Leading internal medicine, improving lives."

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