



# Maintenance of Certification: The Odyssey Continues



These are by far the most frequent questions I am asked by urgent care physicians: “My primary board certification is expiring. Do I have to recertify? Which of the urgent care boards should I take?” If you have been in urgent care practice long enough, you’ll come to a painful moment of truth: Our primary board certification is in a specialty we no longer practice, covering competencies we no longer use. To make matters worse, we have not stayed up to date with the latest guidelines affecting our original specialty and are ill prepared to sit for an exam. Dare I say that we shouldn’t even be *able* to pass?

The answer to the question of whether you should recertify is a resounding “maybe.” And that’s much more evolved than my answer only a couple of years ago. Here’s why: Maintenance of certification (MOC) is under a full-blown attack. Physicians are at their breaking point, especially with their own representatives adding another layer of responsibility. MOC, after all, is not required by the U.S. government or even most state medical boards. It is a hurdle imposed by the boards that constitute the American Board of Medical Specialties (ABMS), with little support from constituent physicians. I have discussed why in previous editorials. What has changed is the noise being made by fed-up physicians who see this as another overreach that just cannot be tolerated any longer. Nearly every ABMS board is under pressure to eliminate or significantly modify its MOC requirements. Finally there is momentum for change. At the core of this issue is the hollow claim by the ABMS that MOC is optional. Nearly every payor and every hospital requires it, so if you want to practice freely, it is required. Challenges to this requirement are beginning to gain traction. Here’s a roundup of the latest events:

The National Board of Physicians and Surgeons (NBPAS), the most prominent crusader against MOC, is gaining supporters and recognition. This group’s main premise is that those *already* board-certified should be allowed maintain that certification through more flexible continuing education, rather than through the prescriptive programs and recertification examinations that are required by the ABMS boards. NBPAS is *not* a home for those who have never been certified by an ABMS board. It is, however, gaining attention among payors,

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hospitals, and state medical boards. NBPAS offers the most likely way to defeat MOC.

More recently, legal challenges to the exclusivity of MOC have been made and several states have considered legislation to remove it as a requirement for credentialing. Oklahoma is the first state to enact a law that strips the monopoly of MOC as the only path to hospital privileges and payor credentialing. Several other states have introduced similar legislation. It does appear that there is momentum building, but it could be a few years before the majority of states follow suit.

While you wait for your state to make the change, you have an option that might be palatable:

If you are unlikely to change jobs anytime soon and are okay with some uncertainty, you can plead your case to payors and/or your hospital credentialing committee. Most regional hospitals and payors recognize that there are not enough board-certified physicians to go around and are open to entertaining alternatives. A well-prepared case for these alternatives is your best bet. Current options for urgent care physicians include the NBPAS and the Board of Certification in Urgent Care Medicine, the latter offering alternative certification through the American Board of Physician Specialties. You might be surprised to find a supportive ear and some credentialing flexibility.

Perhaps we are finally catching a wave of sensibility that carries enough momentum to finally put this issue to rest and provide alternative pathways to payor credentialing and hospital privileges. Until then, surf at your own risk. ■

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