

February 4, 2015

Dear ACP Member,

Most of you have probably already seen the email that was recently sent by Dr. Richard Baron, ABIM President, to all ABIM diplomates about Maintenance of Certification (MOC). Before going into more detail, I will state outright that ACP is extremely pleased that ABIM is responding in a way that addresses the concerns we have been advocating for on your behalf over many months through frequent meetings and discussions with ABIM. We want to thank Dr. Baron and the ABIM leadership for making what we believe was a bold and courageous statement that will greatly benefit internal medicine, its practicing specialists and subspecialists, and ultimately our patients and the care we provide for them.

ACP has long supported the principle of maintenance of certification and the importance it places on lifelong learning, physician accountability, and demonstration of ongoing competence. However, we have raised many concerns about the current MOC process and have strongly advocated to ABIM about the necessity for significant reform. Our recommendations to ABIM have most recently centered around 4 broad areas: 1) content, i.e. making substantive changes in the MOC process, including the secure examination and the self-assessment of practice component; 2) timing, i.e. making the changes on a very rapid timeline; 3) website reporting, i.e. changing "meeting MOC requirements" to "participating in MOC"; and 4) tone of communication, i.e. accepting responsibility for the problems (and for fixing them) rather than defending the current MOC process.

This new email from ABIM was clearly intended to address all 4 areas, and we believe it provides strong evidence that ABIM now "gets it" and is prepared to act. Dr. Baron outlined in his email a clear commitment of ABIM to work with the medical community, and particularly with ACP and the internal medicine subspecialty organizations, in assuring that they hear, listen to, and act on the physician community's input. We at ACP, in turn, are similarly committed to working with ABIM to provide the type of input that we believe will get MOC back onto the right track.

I am proud of what ACP has done as an organization to catalyze the desired changes that we all saw expressed in Dr. Baron's email. We have always felt that the approach most likely to lead to a positive outcome was one of strong and continuous advocacy, frequent and open feedback to ABIM, and constructive input about what they needed to do.

In closing, I want to express sincere gratitude to Dr. Baron and to ABIM leadership for this game-changing communication to the internal medicine community. It takes real courage to start an email with "We got it wrong. We're sorry." It also takes strong and effective leadership to admit when it's wrong, and the demonstration of this type of leadership that we have just seen bodes well for the future.

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