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Richard J. Baron, MD,  MACP, President & CEO  
American Board of Internal Medicine, ABIM  
510 Walnut Street, Suite 1700  
Philadelphia, PA 19106-3699.   [request@abim.org](mailto:request@abim.org).      800.441.2246, **FAX 215.446.3590.**

RE:  End Maintenance of Certification (MOC).

Dear Dr Baron:

We appreciated your email and public notices last week (2/3/2015) on controversial MOC Board recertification programs.  Your apology and small reforms were welcome but too late.  AMA, state societies, and specialty groups, including cardiology and endocrinology, called for MOC reforms since 2005. Why should diplomats respond to MOC changes offered in 2015, ten years later? It is tragic that we needed so many petitions, your neighbors at the Philadelphia Medical Society, past Regent Dr Charles Cutler, and honorable colleagues from Penn Med Society last December (Tuesday December 2, 2014) to mobilize a response.

ABIM and ABMS MOC operations since 1990 have ignored at least 2 basic commandments.

1.        **Thou shalt not steal**.     ABMS and ABIM collected more than $10,000 in fees and lost practice hours every decade from each diplomat doing MOC. MOC took weeks away from our offices, clinics, patients, families, specialty societies, and individual research.  ABMS MOC removed hundreds, perhaps thousands, 10% or more, of America’s best, once Board-certified physicians from full hospital careers and earnings whenever diplomats did not complete these high stakes MOC programs.

2.**Thou shalt not bear false witness against thy neighbor.**  ABIM and ABMS MOC leaders focused on airline pilots and medical errors, then portrayed American physicians as aging and failing incompetents. Our deteriorating clinical skills could only be improved through MOC.  *Ars longus, vita brevis*.  ABIM and ABMS undervalued physician excellence and debased distinguished medical and surgical service careers outside of MOC. You ignored the wisdom of your Board-certified diplomats who pursued alternative professional developments outside of MOC. Your psychometrics staff, many with minimal if any clinical knowledge or medical experience (“I never learned that Latin stuff”) did not hesitate to twist Modified Angoff test standards against qualified diplomats in order to collect continuous, high revenues from test fees.

MOC leaders then told health care regulators that diplomats not doing MOC were no longer minimally-qualified to practice their specialty.  MOC lawyers pressed for hospital bylaws which stripped good doctors of inpatient care privileges unless they did MOC.  Then you linked insurance payments to MOC. With such business practices, are we surprised to find some 400 good physicians committing suicide each year? How many were once Board-certified?

Indeed, the January, 2015 legislative initiative linking MOC to a new Interstate Medical Licensure Compact is most offensive.  As you know, the Federation of State Medical Boards (FSMB), ABMS, and the American Hospital Association designed and endorsed an MOC-linked federal interstate medical licensure proposal, the Compact, to assist Telemedicine doctors and radiologists in interstate commerce. Hospitals will use the Interstate Compact for doctor credentialing. The Compact adds another layer of bureaucracy for medical licensure, adds MOC as a Trojan Horse-style legislative mandate for medical credentialing, and would overrule the power and authority of state medical licensing boards.  The Compact has no internal quality assurance, denies civil rights for physicians, and does not recognize medical excellence outside of the narrow confines of MOC and the ABMS testing industry.  Such exclusive MOC marketing practices are vile and inappropriate for our medical profession.

MOC involves unelected testing officials, tax-exempt high revenues, and no external accountability. Do we wish to continue these guilding operations and restrict medical practices in violation of US anti-trust?  As proposed by others, perhaps it is time for a full Congressional investigation into the financial, legal, and ethical dealings of the ABIM, the ABIM Foundation, and the entire ABMS MOC program.  Perhaps our new fiduciary contract with the public might be to question the inclusion of any irresponsible, costly, and self-serving quality measure like MOC into the Affordable Care Act.  Meanwhile, let’s hasten ABMS reforms by opening up the medical testing monopoly to other national and international professional certification groups, as was done successfully for U.S. accountants and insurance actuaries engaged in property and casualty risk management.

Again, we’re pleased that ABIM responded with some reforms to its MOC requirements. The righteous and fast solution to such moral, ethical, scientific, and constitutional problems is to end MOC now.  Honor all diplomats with ONE board certification once for life, “ONCE AND DONE”.  Lifelong learning, scholarship, and professional excellence, as you know, comes mainly from individual physician-investigators, universities, professional societies, and our research institutions, not MOC.  As done abroad, let U. S. physicians pursue careers in research, education, science, and medicine without interference from MOC.  And without MOC time-limited certificates, perhaps Boarded physicians like us might once again display our specialty Board diplomas with pride.

Sincerely,

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Thomas A. Morris, MD, FACP, FCCP, Internal & Pulmonary Medicine, Brockton, MA.

Kenneth D. Christman, MD, Plastic & Reconstructive Surgery, Dayton, OH.  
Paul Martin Kempen, MD, PhD, Anesthesiology, Weirton, WV.     
Jane Orient, MD, Internal Medicine, Tucson, AZ. Past FACP.

For more information:

\*Association of American Physicians and Surgeons, AAPS.  
\*AMA Policy on MOC, item 4 of 7, November 10, 2014.  
\*Philadelphia Medical Society, Pennsylvania Medical Society, December 2, 2014.   
\*Mass Med Society, Massachusetts Opposition to MOC, December 6, 2014.   
\*California, Florida, Georgia, Iowa, Michigan, New Jersey, New York, North Carolina, South Carolina, Ohio, Oklahoma, Pennsylvania, Virginia, and Washington state resolutions in opposition to MOC.   
\*“ChangeBoardRecertification”, “doctors4PatientCare”, and “NoMOC” web sites.  
\* R. Mack Harell, MD, FACP, FACE, ECNU, President, American Association of Clinical Endocrinologists, February 6, 2015, Letter.  
\* National Board of Physicians and Surgeons, Paul Teirstein, MD, San Diego, CA, January, 2015.