Examining the Burden of Licensure, Certification, and Related Credentialing Costs in Young Physicians

To the Editor: The financial burden of the overall licensure and certification process borne by physicians-in-training, and those who have recently completed their training and are beginning to enter clinical practice, has become excessive. It is worth reminding ourselves that for most new physicians these costs must be managed while concurrently beginning to repay large education debts and incurring the general expenses of becoming established in early family and professional life.

Based on our review and analysis, total estimated expenses and opportunity costs associated with licensure and certification occurring through completion of the first board recertification cycle for physicians is between $10,000 and $20,000, depending on specialty, geographic location, and utilization of preparatory courses and materials. When compared with a sample population of advanced nurse practitioners or physician assistants, the difference is staggering. For the same time period, non-physician-practitioner organizations charge less than $3000 for their licensing and certification (see the Table). Beyond the fiscal strain imposed on physicians by the mandated expenses, there are associated travel expenses and lost work time associated with examinations and recertification. Furthermore, preparatory expenses (e.g., attending preparatory courses, purchasing self-help materials, and additional travel expenses), while not mandatory, are a significant expense shouldered by most young physicians, and these have widely variable (but oftentimes immense) associated costs.

As financial pressures continue to mount for practicing physicians, we must recognize that in this era of ever-changing health care reform and downstream changes in physicians' roles and responsibilities, being a physician in the 21st century is arguably more demanding and stressful than at any time in history. It is our firm belief that contemporary accreditation bodies should not unduly add to the stress and financial burdens physicians encounter. Instead, medicine's credentialing and certification monopolies should transparently assess and report the value of ongoing and new programs (e.g., maintenance of

<table>
<thead>
<tr>
<th>Expense</th>
<th>Internal medicine physician</th>
<th>Pediatric anesthesiologist</th>
<th>Nurse practitioner</th>
<th>Certified registered nurse anesthetist</th>
<th>Physician assistant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical education training exam(s)</td>
<td>$3305*</td>
<td>$3305*</td>
<td>$200*</td>
<td>$200*</td>
<td>$475*</td>
</tr>
<tr>
<td>State license</td>
<td>$1000*</td>
<td>$1000*</td>
<td>$200*</td>
<td>$200*</td>
<td>$125*</td>
</tr>
<tr>
<td>Renewal fees (10-y total, eg. AZ)</td>
<td>$4000*</td>
<td>$4000*</td>
<td>$3201</td>
<td>$3201</td>
<td>$1665*</td>
</tr>
<tr>
<td>Drug Enforcement Agency license (3-y license)</td>
<td>$7311</td>
<td>$7311</td>
<td>$7311</td>
<td>$7311</td>
<td>$013</td>
</tr>
<tr>
<td>Board certification</td>
<td>$1365*</td>
<td>$1550*</td>
<td>$270*</td>
<td>$725*</td>
<td>$350*</td>
</tr>
<tr>
<td>Oral board examination</td>
<td>$0</td>
<td>$2100*</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Subspecialty board certification</td>
<td>$0</td>
<td>$1600*</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Maintenance of certification (per 10 y)</td>
<td>$19402*</td>
<td>$2100*</td>
<td>$200*</td>
<td>$440*</td>
<td>$2616</td>
</tr>
<tr>
<td>Total</td>
<td>$12,341</td>
<td>$16,386</td>
<td>$1921</td>
<td>$2616</td>
<td>$2615</td>
</tr>
</tbody>
</table>

*Elective preparatory expenses, lost wages, and travel expenses are not included. All examination and licensing costs as of September 13, 2015.

All attempts were made to be accurate and up-to-date with fees and licensure requirements. However, given the complex nature of the different medical professions and the variation in requirements based on practitioner type, society, specialty, and geographic location, our calculations are approximations of the true costs.
Physician shortages are real, and we must minimize ill-constructed financial barriers to a career in medicine or limitations on specialty choice. Unless credentialing/reevaluation and other financial and nonfinancial burdens on physicians are remediated in the current period of increasing government-dictated equalization of scopes of practice and payments to physicians versus nonphysician providers, young trainees will increasingly ask, "Why sacrifice to become a physician?"

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2. Tenner JS, Topol EJ. The role of maintenance of certification programs in governance and professionalism. JAMA. 2015;313(18):1809-1810.

http://dx.doi.org/10.1016/j.mayocp.2015.09.020
NBPAS has right approach to MOC

I agree with Dr. Ellis’ perspective, ("ABIM: Time to heal thyself," November 10, 2015) and for the same reasons, have decided not to sit for the renewal exam for board certification through the American Board of Family Medicine this year.

I scored in the 97th percentile on my board exam 10 years ago and I read constantly on my patients, medicine in general, as well as the changing economics and business of medicine. I certainly have not become incompetent.

I am now board certified through the National Board of Physicians and Surgeons (NBPAS) in family medicine. They have the correct perspective on how to maintain professional competence.

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Use CME to maintain licensure

I would agree with Dr. Ellis. I think board certification should be a one-time thing. I have just successfully passed the osteopathic internal medicine boards for the third time. I agree it is more about making money than helping patients or providers.

My board grandfathered in a substantial amount of physicians when they made their change to the current 10-year cycle. Now they, too are adopting the maintenance of certification (MOC) process. Is there any data to suggest board-certified physicians are smarter or give better care to their patients than non-certified physicians? I don’t think so.

I honestly don’t think any of the physicians that were grandfathered in could pass the test I just took nor bear that expense. But try to get on insurance plans without it. Nearly impossible.

Most states require continuing medical education (CME) in order to maintain licensure. That should be plenty as that is pretty costly in itself and difficult to find if you are an osteopathic physician. I too am very proud of my board certification in osteopathic internal medicine but very disappointed in the costs to get it and maintain it!

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