

## Welcome to the first edition of "The Monthly Dose" by NBPAS!

Each month, we will give you a Dose of what NBPAS does to unravel the complicated web of players that we believe work to support and entrench the ABMS MOC™ monopoly. Each Dose will end with a specific “take action” so that you can help NBPAS finally solve this problem.

We are kicking off this month with a deep dive into ACGME which accredits and controls all graduate medical education for MDs and DOs in the United States.

Let’s dig in.

## February Fury: Fast Facts about the ACGME, MOC, and Your Tax Dollars

### Introduction ~

The Accreditation Council for Graduate Medical Education (ACGME) accredits and controls all graduate medical education for MDs and DOs in the United States.

- Taxpayers fund graduate medical education (GME) to the tune of \$15+ billion per year
- Academic positions (and board certified physicians) are created, funded, and maintained nearly entirely by U.S. tax dollars
- ACGME now requires MOC (or grandfathered status) to hold an ACGME-accredited faculty position

### Quick history ~

In 1981, five organizations founded the ACGME to standardize residency program requirements and establish a core set of requirements for faculty and residency programs. Founding institutions included:

- American Board of Medical Specialties (ABMS)
- American Hospital Association (AHA)
- American Medical Association (AMA)
- Association of American Medical Colleges (AAMC)
- Council of Medical Specialty Societies (CMSS)

Each organization has voting rights on the ACGME and can also appoint members to the ACGME's board of directors (AOA and AACOM were added later).

## Analysis ~

We believe these board relationships are significant for how the special interests of individual organizations influence the actions of the others. As an example, note how ACGME's Common Program Requirements for Faculty/Core Faculty changed from the pre-MOC era to the post-MOC era:

- **Pre-MOC:** ACGME Common Program Requirements for physician faculty included a clause that physicians should be tapped to faculty positions based on talent, ability, experience, research, passion for teaching, and without regard to:  
“...whether or not they hold membership in specialty societies and colleges or are certified in their specialty...”
- **Post-MOC:** ACGME Common Program Requirements look quite different:  
“II.A.3.b) Program Director (Internal Medicine):  
must include current certification in the specialty for which they are the program director by the American Board of Internal Medicine (ABIM) or by the American Osteopathic Board of Internal Medicine (AOBIM), or specialty qualifications that are acceptable to the Review Committee; (Core)  
II.A.3.b).(1) The Review Committee only accepts current certification in internal medicine from the ABIM or AOBIM. (Core)”

## Practical impacts ~

The word, “current” in ACGME's requirements means that physicians must participate in MOC or hold grandfathered status. Without MOC (or grandfathered status), a physician can no longer serve as faculty at any medical school, residency, or fellowship program in the U.S. This requirement impacts:

- 1,700+ academic teaching hospitals in the U.S
- 97% of Veterans Affairs hospitals which are academic hospitals or have an academic affiliation.
- Of note - The VA does not require board certification, but defers to ACGME requirements for academic positions.

## NBPAS Action ~

In 2023, NBPAS formally requested that ACGME add NBPAS to its Common Program Requirements as an option for continuing certification. NBPAS also suggested the following edit to ACGME's Common Program Requirements for Program Directors, Core Faculty, and other physician personnel:

“Board Certification” shall mean certification in one of the Member Boards of the American Board of Medical Specialties (ABMS) or the Bureau of Osteopathic Specialists certifying boards of the American Osteopathic Association (AOA). The National Board of Physicians and Surgeons (NBPAS) may be used for continuing certification if initial certification was granted by one of the Member

Boards of the American Board of Medical Specialties or the Bureau of Osteopathic Specialists certifying boards of the American Osteopathic Association."

In response, ACGME asked that NBPAS fill out a 4-page evaluation checklist regarding required standards for a board certification organization. NBPAS does not meet its defined criteria for a board certification organization which, notably, encompass elements that only apply to organizations offering initial board certification (i.e., ABMS or AOA). NBPAS pushed back on ACGME's information request and received no further response.

### **Summary ~**

- ACGME requires MOC to serve as faculty at any medical school, residency, or fellowship program in the U.S.
- Physicians cannot hold an academic teaching position without purchasing and participating in MOC (or be grandfathered).
- ABMS, an unregulated and private nonprofit organization, strips physicians of their hard-earned board certification by listing physicians as "Not Certified" for refusal to purchase and participate in MOC.
- In listing physicians as "Not Certified" ABMS is not only stripping physicians of their taxpayer-funded board certification credential, but also forcing academic physicians to participate in MOC.
- NBPAS believe that the ongoing and interwoven relationships among the arms of organized medicine supports the entrenchment of MOC, despite the striking lack of non-conflicted evidence in support.

### **Take Action Now ~**

**1. Please email ACGME CEO, Thomas Nasca, MD, at [tnasca@acgme.org](mailto:tnasca@acgme.org) and CC: NBPAS at [info@nbpas.org](mailto:info@nbpas.org) and ask that ACGME immediately end its requirement of unproven MOC. Here is a sample note to get you started:**

Dear Dr. Nasca:

I'm writing to request that ACGME immediately remove the requirement for "current" board certification through ABMS/AOA in its Common Program Requirements across all specialties and subspecialties. As you know, "current" means participating in MOC, an unproven, burdensome, and discriminatory program that is part of the moral injury that harms physicians and is driving us out of medicine. MOC is a disincentive to academic faculty who are in short supply for training the next generation of physicians. MOC exacerbates the VA physician shortage, since 97% of VA hospitals are affiliated with academic institutions. In requiring "current" certification through ABMS/AOA, ACGME is participating in a monopoly to the detriment of physicians and their patients.

[Feel free to add your own thoughts as well]

**2. If you haven't already, certify with NBPAS and support competition against MOC.**

<https://nbpas.org/account/login>

Thank you for reading our first edition of the Monthly Dose and taking action. The topic for the next Monthly Dose will be: **The Real March Madness: ACCME's Roadblocks to NBPAS and Data Sharing**

If you have questions or want more