

POLICY BRIEF

Engagement of Family Physicians in Maintenance of Certification Remains High

James C. Puffer, MD, Andrew W. Bazemore, MD, Carlos R. Jaén, MD, PhD, Imam M. Xierali, PhD, Robert L. Phillips, MD, MSPH, and Samuel M. Jones, MD

Maintenance of Certification for Family Physicians was created to enhance the quality of care delivered by family physicians but risked decreasing their engagement due to the increased burden of meeting additional requirements to remain board-certified. Participation by family physicians in Maintenance of Certification remains higher than predicted. (J Am Board Fam Med 2012;25: 761–762.)

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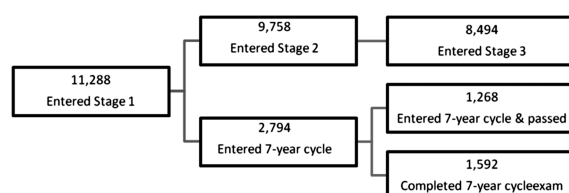
Concerns about the ability of the US healthcare system to deliver high-quality care led the American Board of Medical Specialties to introduce Maintenance of Certification (MOC) in 2002 and to subsequently require implementation by all its 24-member boards. Family medicine was the first discipline in which all diplomates faced the choice of engaging in this process or allowing their certification to lapse.¹ The American Board of Family Medicine began this transition in 2003, and by 2010, >80,000 board-certified family physicians had entered MOC. Despite concerns about resistance, participation by the first cohort to enter MOC in 2003 was exceptionally high.^{2–4}

Administrative data were used to analyze participation rates of American Board of Family Medicine diplomates who certified or recertified in 2004, the second cohort to enter MOC. Within this cohort of 11,288 family physicians,

9758 (86%) successfully met all MOC requirements (see Figure 1). Of these, 8494 (75%) successfully completed two 3-year stages extending their certificates to 10 years. By comparison, before 2003, 75% to 80% of family physicians would successfully recertify within 7 years of prior certification.

These findings suggest that voluntary participation in Maintenance of Certification for Family Physicians remains high and exceeds historical levels. This may reflect a cultural commitment since the specialty of family medicine has always required periodic recertification since its inception in 1969. It remains to be seen if other specialties will fare as well in their transitions to MOC or if family physicians will remain as invested in a process that moves away from testing competence to a model of continuous care improvement.

Figure 1. Maintenance of Certification status of the 2004 family medicine certification cohort.



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From the American Board of Family Medicine, Lexington, KY (JCP, RLP); the Robert Graham Center, Washington, DC (AWB, IMX); the Utah Health Science Center San Antonio, San Antonio, TX (CRJ); and Fairfax Family Practice, Fairfax, VA (SMJ).

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Corresponding author: James C. Puffer, MD, American Board of Family Medicine, 1648 McGrathiana Parkway, 5th Floor, Lexington, KY (E-mail: jpuffer@theabfm.org).

References

1. Xierali IM, Rinaldo JCB, Green LA, Petterson SM, Phillips RL Jr, Bazemore AW, et al. Family physician participation in maintenance of certification. *Ann Fam Med* 2011;9:203–10.
2. Puffer JC, Bazemore AW, Newton W, Makaroff L, Xierali IM, Green LA. Engagement of family physicians seven years into maintenance of certification. *J Am Board Fam Med* 2011;24:483–4.
3. Levinson W, King TE Jr, Goldman L, Goroll AH, Kessler B. American Board of Internal Medicine maintenance of certification program. *N Engl J Med* 2010;362:948952.
4. Drazen JM, Weinstein DF. Considering recertification. *N Engl J Med* 2010;362:946–7.