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PROFESSION

New AMA policies target certification and licensure

Physicians express frustration about the increasingly costly and time-consuming requirements.

By CAROLYNE KRUPA, amednews staff. *Posted July 4, 2011.*

Chicago -- The time and money physicians spend meeting requirements to maintain their medical licenses and board certifications is a drain on their wallets and takes valuable time away from treating patients, said delegates at the AMA Annual Meeting.

Many physicians fear that the mandates will become even more burdensome as state medical boards develop new maintenance-of-licensure requirements.

In response, delegates adopted six policies dealing with specialty certification and licensure.

The AMA will ask the American Board of Medical Specialties not to require physicians to take numerous certification exams. Among the other policies, the AMA will encourage medical boards to accept participation in maintenance of certification and Osteopathic Continuous Certification as meeting requirements to maintain their licenses. The AMA also will oppose public reporting of physician performance data collected by certification and licensing boards, and it will work with the Accreditation Council for Continuing Medical Education to minimize the rising costs of CME.

"It is a critical issue to a lot of physicians," said Gregory Threatte, MD, an alternate delegate for the Medical Society of the State of New York and an anatomic/clinical pathologist. "There is widespread concern about these multiple certifications and licensure examinations that are starting to chew up more and more expense."

For example, a young physician completing residency training in radiology has to pass 11 exams to be board certified, followed by several exams every 10 years to maintain the certification, said William Poller, MD, a Pittsburgh radiologist and an alternate delegate for the American College of Radiology.

Dr. Threatte

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Double set of rules

Physicians certified before 1990 are exempt from maintenance-of-certification requirements but won't be exempt from new maintenance-of-licensure rules.

Under the current system, most state licensing boards require physicians to self-report CME activities. But in April 2010, the Federation of State Medical Boards released a framework to revamp maintenance-of-licensure rules. The goal is to develop a more robust, continuous professional development system that ensures quality and patient safety, the FSMB said.

Many physicians, however, fear that the new maintenance-of-licensure rules will force them to duplicate CME and other requirements they already carry out for maintenance of certification, said Steven Chen, MD, a delegate for the Young Physicians Section and surgical oncologist from Sacramento, Calif.

"There's a concern that I think many physicians are having that the rank and file is not being heard about some of these issues," said Thomas Allen, MD, a psychiatrist from Towson and a delegate for MedChi, the Maryland State Medical Society, speaking for himself during reference committee testimony.

FSMB President and CEO Humayun Chaudhry, DO, said the federation is working with state boards and physician organizations nationwide to implement those requirements and recognizes maintenance of certification as having value for maintenance of licensure. "We are listening, and we are continuing to listen," he said.

ADDITIONAL INFORMATION:

Meeting notes: Medical education

Issue: Public demand has led to implementation of new work-hour standards for residents by the Accreditation Council for Graduate Medical Education.

Proposed action: Monitor enforcement and impact of ACGME work-hour standards, ensure that the medical profession maintains the right to self-regulate and lobby against any proposed work-hour limits on practicing physicians. *[Adopted]*

Issue: Most medical schools require faculty to disclose financial relationships with drug companies and medical device manufacturers, but it's unclear if such information is accessible to students.

Proposed action: Work with the Assn. of American Medical Colleges and the American Assn. of Colleges of Osteopathic Medicine to ensure that schools and faculty disclose financial data on industry relationships to students. *[Adopted]*

Issue: Physicians practicing in the U.S. on H1-B visas for J-1 visa waivers are limited to serving in medically underserved areas and therefore cannot provide continuous care for transferred patients.

Proposed action: Work toward rule or legislation to let doctors with such visas to continue caring for their patients outside underserved areas. *[Adopted]*

Issue: The Conrad State 30 program allows each state to offer up to 30 waivers for practicing physicians on J-1 visas. Some states fail to offer all available slots, while others desperately need more physicians to care for underserved populations.

Proposed action: Advocate for redistribution of unoffered Conrad 30 J-1 Visa waiver slots for those states that could use more than 30 slots to serve in medically underserved areas. *[Adopted]*

Issue: Residents and fellows should be afforded certain rights regarding their education, supervision, working environment, contracts, compensation, benefits, evaluation, work hours and ability to respond to complaints and report violations.

Proposed action: Adopt a "Residents' and Fellows' Bill of Rights" and continue to advocate that residents and fellows receive adequate financial support, medical benefits and paid leave. *[Adopted]*

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