American Board of Internal Medicine and the Maintenance of Transparency

To the Editor: In the May 2013 issue of Mayo Clinic Proceedings, a compelling editorial by the American Board of Internal Medicine (ABIM) leadership entitled “Physician Responsibility and Certifying Examinations” outlined a continual need for integrity and a high standard of ethical behavior. Using the search function on the ABIM website for the terms transparency or transparent, these terms are used at least 14 times in reference to various topics. However, in remodeling their maintenance of certification (MOC) program and its expectations, the ABIM has taken a large step backward in its efforts to make board certification status more transparent to members, patients, hospitals, and care organizations.

The ABIM strongly encourages all diplomates certified before 1990 to complete the MOC process. In the past, the ABIM website clearly identified whether “grandfathered” diplomates had voluntarily recertified. However, when one attempts to verify internal medicine board certification status on the current ABIM website (“Verify a Physician’s ABIM Certification” window), it is no longer possible to differentiate certificate holders who are grandfathered and voluntarily recertified from those who are grandfathered without recertification. Furthermore, for non-grandfathered diplomates, the ABIM no longer identifies the most recent board recertification.

In 2003, the ABIM commissioned a Gallup poll to survey patients’ awareness and attitudes toward board certification of physicians. The survey found that 90% of patients thought that physicians being “re-evaluated on their qualifications every so many years” was important or very important, and 95% of survey respondents felt that recertification of physicians was either very important or somewhat important. Despite this nearly unanimous view from the consumers of health care, few of the ABIM physician leaders had actually successfully completed the recertification process if they held grandfathered status. With the latest changes in ABIM reporting methods, this type of credential review of ABIM leadership is no longer possible.

With little evidence in hand to support the MOC process, recent ABIM leadership has dusted off a 10-year-old study of patient attitudes to justify pushing ahead MOC changes. Perhaps the ABIM would bolster its credibility if it would keep its message straight. If the purpose of the MOC process is to benefit patients, wasn’t grandfathered status addressed in 2003? If it’s about physician quality, where is the strong evidence to support such a claim?

Unfortunately, the ABIM diplomates remain caught in the middle of a costly, time-consuming MOC process that fails to pass even the most basic evidenced-based scrutiny. Further, the ABIM leadership team has decided to provide patients with inadequate information about the recertification status of their physicians.

John Hayes, MD
Milwaukee VA Medical Center
Milwaukee, WI

The views expressed in this letter are the private opinions of the author and do not represent the official policy of the Milwaukee VA Medical Center or the Department of Veterans Affairs.