

REPORT OF THE BOARD OF DIRECTORS

Subject : Report on: Special Committee on Maintenance of Licensure

Referred to : Reference Committee

In the United States, medical licensing authorities are charged through state medical practice acts to ensure that physicians granted the privilege of licensure are competent to practice medicine safely. According to Federation of State Medical Board policy as set forth in *A Guide to the Essentials of a Modern Medical Practice Act*, the primary responsibility and obligation of the state medical board is to “protect the public from the unprofessional, improper, incompetent, unlawful, fraudulent and/or deceptive practice of medicine.” All medical practice acts are built upon this same premise, and likewise, all state medical boards have some set of criteria (e.g., review of applicant’s education and training, assessment of applicant’s medical knowledge via a licensing examination, etc.) to assess a physician’s competence and fitness to practice prior to granting initial licensure.

In the interest of public protection, state medical boards also have the implied responsibility of assuring the ongoing competence of licensed physicians. For a variety of reasons state medical boards have been passive in this arena. In fact, state medical boards currently devote few resources to prospectively assuring the ongoing competence of a licensee. A physician who pays a re-registration fee, fulfills any re-registration requirements set by the board, and who has not had a complaint filed with the medical board may practice medicine for a lifetime without having to demonstrate that he or she has maintained an acceptable level of continuing qualifications.

According to a study commissioned by the Federation of State Medical Boards in 1997 regarding public awareness and attitudes about state medical boards, the periodic retesting of physicians was the second most-cited responsibility for state medical boards, with 9.3% of the public mentioning it “top-of-mind.” (10% top-of-mind mention signals a national issue.) Clearly, the public thinks state medical boards have a responsibility to monitor and deal with the competence of individual physicians and, arguably, probably believes this is already occurring. Furthermore, in September 2000, the Federation hosted a symposium to discuss the role of medical licensure in the next century and the priorities facing state medical boards. Assuring the ongoing competence of physicians was identified as one of three main challenges facing state medical boards in the next decade.

Recently, national health care policy tracking organizations such as the Pew Health Professions Commission Taskforce on Health Care Workforce Regulation and the Institute of Medicine (IOM) have recommended that state medical boards develop and

implement continuing competence requirements and that they periodically re-examine and re-license physicians based, in part, on demonstration of competence. Likewise, consumer advocacy groups such as the Citizen Advocacy Center (CAC) have asserted that medical licensing authorities need to demonstrate to the public that licensees are competent throughout their careers.

In 2002, the CAC released the results of a survey of 323 health professions licensing boards (45 of which were medical boards) regarding continuing competence. Seventy boards (21%) stated that they are "considering introducing continuing competency requirements in the future," and 60 (19%) have already formed committees to study the issue. Responses from 16 boards (22%) indicate that their state's legislature is considering new initiatives to require licensees to periodically demonstrate their continuing competence.

Medical licensing authorities in Nevada, Texas and California have formed committees to study how best to assure licensees' ongoing competence, and Nevada is poised to become the first board to require physicians to demonstrate their ongoing proficiency for license re-registration. Additionally, the American Board of Medical Specialties (ABMS) is implementing a system that will require board-certified physicians to continually demonstrate their ongoing competence in order to maintain certification.

As an organization dedicated to serving the public interest and promoting high standards for physician licensure and practice, the Federation has periodically discussed the responsibility of state medical boards to ensure the ongoing competence of physicians since the late 1970s. Through a series of Ad Hoc Committees in the late 1970s and early 1980s, the Federation evaluated the concept of physician re-licensure and the role that continuing education and other measures could play in assuring ongoing physician competence at the time of re-registration and/or re-licensure. In 1996, the Federation's Special Committee on Evaluation of Quality of Care and Maintenance of Competence assessed the role of state medical boards in assuring quality care and physician competence and recommended, in part, that states develop proactive methods of identifying physicians whose competence may be in question.

In May 2003, Federation Chair Thomas D. Kirksey, MD, established the Special Committee on Maintenance of Licensure. The committee charge is to:

1. Evaluate the responsibility state medical boards have to ensure physician competence through the course of one's professional career and the efficacy of methods historically used to carry out those responsibilities;
2. Research, review and evaluate systems currently used or under development by healthcare providers and national medical organizations to facilitate maintenance of physician competence, and determine to what extent these systems could assist state medical board efforts to ensure physician competence;

3. Identify pertinent stakeholders, their positions regarding the role of state medical boards in ensuring physician competence for purposes of relicensure, and where appropriate, their willingness to collaborate with medical regulators to achieve improvement in physician practice.
4. Research, review and evaluate tools/resources available to state medical boards and others for use in measuring competence and remediating deficiencies;
5. Develop a position statement regarding the responsibility of state medical boards in ensuring physician competence over the course of his/her career;
6. Develop strategies for state medical boards to use in implementing programs to ensure physicians maintain an appropriate level of competence to practice medicine safely throughout their professional careers.

The Special Committee on Maintenance of Licensure has met twice since May 2003. At these meetings, the committee reviewed current legislative and medical board initiatives regarding maintenance of competence, as well as similar initiatives being undertaken by other healthcare professions and medical regulatory agencies in the United States and internationally. The committee has begun to discuss tools and systems or partnerships, that boards could utilize or implement to proactively assess the continued competence of their licensees. The committee also discussed the need for a cohesive remediation system within the United States to provide remedial education programs to physicians who would be identified through maintenance of competence initiatives.

Representatives from the Pew Health Professions Commission Taskforce on Health Care Workforce Regulation and from the Institute of Medicine met with the committee to discuss their organizations' recommendations that regulatory boards implement mechanisms to periodically assess licensee competence. A representative from the ABMS presented information regarding the ABMS' Maintenance of Certification program, and a representative from the Accreditation Council for Continuing Medical Education (ACCME) discussed initiatives to develop valid, appropriate, and meaningful continuing medical education that is relevant to the physician's practice.

Throughout these discussions, the committee has been cognizant of the need to balance public interest against professional autonomy. In making a determination about the responsibility of state medical boards to ensure ongoing physician competence, the committee acknowledged that the majority of physicians embrace lifelong learning as an integral part of professionalism in medicine. However, the committee also acknowledged that the permission to practice medicine is granted by the public, and that it is reasonable to assume the public expects the re-granting of that permission to be based on a fair and reasonable assessment of a physician's continued competence.

Of equal import was a recognition that non-physician healthcare professions, such as nurses, physician assistants and emergency medical technicians, have made significant progress in developing maintenance of competence programs, while the physician

community has moved slowly to embrace a more formal, regulated approach to evaluating ongoing competence. There is some concern that continued progress made by other healthcare professions will lag unless medicine takes an active role.

At its December 2003 meeting, the Special Committee on Maintenance of Licensure determined that state medical boards do have a responsibility to ensure the ongoing competence of licensees and has recommended the following public policy statement to the Board of Directors for consideration:

State medical boards have a responsibility to the public to ensure the ongoing competence of physicians seeking relicensure.

The committee believes such a responsibility should be carried out prospectively, should be non-punitive in nature, and should be structured so if problems or deficiencies are identified, appropriate training or intervention is prescribed. The committee will continue meeting over the next year to develop strategies that may be used by state medical boards to ensure ongoing physician competence.

Conclusion and Recommendation:

Events within both the public and the regulatory arena are converging to shape the debate regarding how best to ensure ongoing physician competence. While state medical boards are just one component of a complex healthcare system, as policy makers and regulators they play a critical role in influencing the behavior of the medical profession and the environment within which physicians practice.

State medical boards serve the public interest and as such, are responsible for ensuring that licensees are competent and fit for the practice of medicine. While applicants for initial licensure must meet a variety of prerequisites that ensure their competence and fitness to enter practice, regulatory boards have no requirements in place to assure those same individuals maintain an acceptable level of qualifications throughout their professional careers. However, continuing focus on patient safety initiatives and public pressure for physician accountability demands that medical licensing authorities take action to proactively ensure the competence of physicians to practice medicine safely – not just at the point of initial licensure but throughout their careers.

Accordingly, the Board of Directors recommends that the House of Delegates of the Federation of State Medical Boards adopt the following policy statement:

State medical boards have a responsibility to the public to ensure the ongoing competence of physicians seeking relicensure.