



47 physicians. In particular, the Board of Directors supports the committee’s intent to align  
48 MOL requirements with Maintenance of Certification (MOC) requirements being  
49 implemented by the ABMS’ 24 certifying boards, all of which are scheduled to have  
50 MOC programs fully operational by 2012. Alignment between these two sets of  
51 requirements will minimize the regulatory burden for board certified physicians who are  
52 actively participating in MOC programs because they would be able to use the same  
53 activities to meet MOL requirements. The announcement in 2007 by the AOA BOS that  
54 the 18 osteopathic certifying boards will have continuous certification systems in place  
55 for their diplomates by 2012 provides further support for linkage of MOL and MOC as a  
56 means of minimizing the potential burden of additional regulatory requirements on  
57 practicing physicians.

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59 The continuous certification programs cited above provide an infrastructure for use by  
60 ABMS or AOA BOS certified physicians to meet MOL requirements. However, not all  
61 physicians have access to those programs. Based on FSMB data, approximately 20  
62 percent of practicing physicians are not board certified by the ABMS or AOA BOS.  
63 Mechanisms will need to be developed in order for this cohort of physicians to  
64 objectively establish their having maintained ongoing competence in their respective  
65 areas of practice. Additionally, it is unclear what percentage of ABMS and AOA BOS  
66 certified physicians has certificates that are exempt from time limits (i.e., “grandfathered  
67 into certification”) and therefore are not or will not be required to participate in  
68 MOC/continuous certification as a condition of maintaining their certification status.  
69 Combined, these groups represent a sizeable cohort of physician licensees that could be  
70 significantly impacted by MOL requirements.

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72 More information also is needed to better understand the operational impact MOL  
73 programs will have on state medical boards and other regulatory organizations. As public  
74 agencies, state medical boards have limited financial and human resources available to  
75 carry out current mandates. Questions exist as to what processes individual states could  
76 use to administer MOL requirements, how successful implementation might be achieved  
77 given the financial constraints within which boards currently operate, and what types of  
78 interfaces with affiliate organizations will be necessary in order to assure that sufficient  
79 tools and resources are available to support physician compliance with MOL  
80 requirements.

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## 82 **Conclusion**

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84 The public perceives a medical license to be an indicator of a physician’s competence.  
85 The processes currently used by state medical boards to renew medical licenses do not  
86 effectively meet that expectation. Such processes are largely administrative functions that  
87 assume licensees are competent unless a reported event or other development indicates  
88 otherwise. This practice may no longer be valid in light of changing societal expectations.

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90 Since 2002, FSMB has identified the continued competence of licensed physicians as one  
91 of its primary strategic priorities. In addition to the work of the Special Committee on  
92 Maintenance of Licensure, the FSMB has actively supported initiatives underway within

93 the medical education and specialty certification communities that will strengthen the  
94 regulatory system and demonstrate improved accountability for the competence of  
95 physicians. FSMB has also taken a leadership role in facilitating a multi-stakeholder  
96 dialogue about creating a common framework for how physician competence will be  
97 measured and documented in the future. Within the context of this initiative, referred to  
98 as the Physician Accountability for Physician Competence initiative, maintenance of  
99 licensure is viewed as a critical component of an envisioned future system of  
100 “professional self-regulation”.

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102 Pressure on the health professions to adopt continuing competence requirements will  
103 persist. The responsibility of state medical boards to take a proactive role in making the  
104 healthcare system safer for patients by promoting improvement in physician practice  
105 is both a reasonable and appropriate expectation of the public to whom the state medical  
106 board must ultimately answer. This responsibility challenges state medical boards to find  
107 innovative ways to meet their charge to ensure the public, the profession and the medical  
108 community that their licensees are qualified to practice medicine safely and competently.  
109 Such an undertaking will require extensive collaboration between state medical boards  
110 and other stakeholders along the continuum of medical education, training and practice.  
111 Further, an appropriate blending must be achieved between the right of the public to  
112 expect physicians to be competent and the expectation of physicians to practice their  
113 profession without undue regulatory burden. More evaluation is needed to understand the  
114 interdependencies that will be required of stakeholders as well as the impact that  
115 maintenance of licensure requirements will have on both organizations involved as well  
116 as individual practitioners.

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118 In light of these findings, the Board of Directors has taken a number of actions regarding  
119 the draft final report of the Special Committee on Maintenance of Licensure. First, in  
120 order to maintain the momentum and progress being achieved by FSMB on continued  
121 competence initiatives, the board has separated the recommendations regarding  
122 *maintenance of licensure* and *reentry to practice* into independent documents. The  
123 maintenance of licensure section of the draft final report is included as Attachment 1 to  
124 this board report to encourage continued dialogue among member boards about the  
125 proposed requirements for assuring the continued competence of licensed physicians. The  
126 Board of Directors will consider the Special Committee’s recommendations on reentry to  
127 practice later this year.

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129 Second, the Board of Directors recommends the House of Delegates adopt a set of  
130 guiding principles that are based upon but broader than those developed by the Special  
131 Committee on Maintenance of Licensure to guide its work. These principles are an  
132 expansion of the policy statement adopted in 2004 and are a logical next step in providing  
133 a framework to guide future FSMB activities related to maintenance of licensure  
134 initiatives. The recommended guiding principles are as follows:

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- 136 • MOL should support physicians’ commitment to lifelong learning and facilitate  
137 improvement in physician practice.

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- MOL systems should be administratively feasible and should be developed in collaboration with other stakeholders. The authority for establishing MOL requirements should remain within the purview of state medical boards.
  - MOL should not be overly burdensome for the profession and should not hinder physician mobility.
  - The infrastructure to support physician compliance with MOL requirements must be flexible and offer a choice of options for meeting requirements.
  - MOL processes should balance transparency with privacy protections.

147 Finally, the Board of Directors believes more information is needed regarding the  
148 potential financial and operational impact that maintenance of licensure requirements  
149 may have on state medical boards, practicing physicians and other stakeholder  
150 organizations. Therefore, the Board of Directors recommends the House of Delegates  
151 approve a motion directing FSMB to pursue information-gathering activities such as  
152 those outlined in section VI of the Special Committee’s draft final report. The Board of  
153 Directors will provide this information to the House of Delegates for future use in making  
154 an informed decision about the recommendations contained in the draft final report of the  
155 Special Committee on Maintenance of Licensure.

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157 **RECOMMENDATIONS:**

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159 **1. Adopt the following principles to serve as a framework for guiding**

160 **future FSMB activities related to maintenance of licensure:**

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- Maintenance of licensure should support physicians’ commitment to lifelong learning and facilitate improvement in physician practice.
  - Maintenance of licensure systems should be administratively feasible and should be developed in collaboration with other stakeholders. The authority for establishing maintenance of licensure requirements should remain within the purview of state medical boards.
  - Maintenance of licensure should not be overly burdensome for the profession and should not hinder physician mobility.
  - The infrastructure to support physician compliance with maintenance of licensure requirements must be flexible and offer a choice of options for meeting requirements.
  - Maintenance of licensure processes should balance transparency with privacy protections.

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176 **2. Endorse the Board of Directors’ recommendation that prior to taking**

177 **any action on the report of the Special Committee on Maintenance of**

178 **Licensure, FSMB engage in further evaluation to better understand**

179 **how implementation of the proposed maintenance of licensure**

180 **requirements will impact state medical boards and other stakeholder**

181 **groups.**

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