Dear Dr. Battaglia;

Thank you for sharing with us the two possible models for an alternative to the 10-year secure ABIM MOC examination. In preparation for our upcoming meetings with the ABIM and to confirm alignment with our members, we disseminated a brief independent membership survey. Although this survey was only open for a few days, 300 members responded and provided over 170 comments.

In the spirit of collaboration and to ensure our upcoming meetings are productive, we thought it would be helpful to share with you in advance the comments we received. Overall of the members who responded to our survey, most are not supportive of either model as proposed. Comments included:

“I am strongly opposed to the use of closed book method of maintaining certification. None of the models proposed are appropriate. Real life medical practice involves open resources and/or consultants.”

“I think there should be a third option rather than a recertification exam. I think a mandatory course for CME would be better way to recertify rather than an exam. The course can be given at the annual meeting of that specialty. The course has to be completed at least every 5 years. That way you can ensure everyone receives correct updated medical information. I think recertification examination serves no purpose, but as money maker for the testing service. In real life if a patient presents with a difficult problem to diagnosis in your practice, you will open a medical book, research medical journals, and consult if needed to figure it out. You are judged by how many patients you help get better rather than an exam score.”

“None of the choices are good. Why do you need proctored examination when you take it at home? There is hardly any improvement…”

“I am very angry with ABIM for developing two new options which are equally bad as their first. I feel that busy, active, clinical practitioners are not being heard (nor being allowed to participate) in their decision making....”

“I can find no explanation of how these two choices will change anything compared to the 10 year MOC exam (other than the frequency of the tests). I fail to see the point of
taking the test more often at this point. Sure it's a change, but all it does make me take this high-stakes test more often. Please answer this question: in what way is this any better?...."

“It should be open book which is most consistently what we do in everyday life when we have to look up medical information. One should have multiple tries to get the needed amount of questions correct to recertify each time. This is similar to current CME activities that we complete...”

“If we get a question wrong or fail, we should be given a chance to immediately retake the question with a link posted to the paper/journal article from which the question is derived. The whole point of testing shouldn’t be pass or fail. This isn’t grade school. The whole point should be to help us determine gaps in our knowledge in advances in rheumatology this year and to rectify them. This is especially important for solo practice rheumatologists who may not have access to journal club. While we are reading the journals, it would be nice to know if there is some landmark advancement in rheumatology this year that we are missing.”

For your reference the comments in their entirety are attached.

We understand this is an evolving process and we want to actively collaborate with the ABIM to expedite meaningful MOC reform. However, the two proposed models are not different enough from the current model to meet the needs of rheumatologists in their commitment to lifelong learning.

As previously discussed, we support lifelong learning and replacing the 10-year exam with a less burdensome assessment. We consider current CME activities, that include assessment and demonstrate educational benefit, or an online, untimed, unproctored open-book exam that can be taken at a time determined by the physician to be more appropriate options for confirming that physicians are keeping up with medical knowledge in their field.

Physicians can rapidly and easily access medical information to support clinical decision-making and a timed, secure assessment for recertification that does not include clinical decision making tools commonly used in medical practice belies the skills and abilities of practicing physicians. In addition, for the assessment to be most effective, we believe physicians must be provided with feedback and the opportunity for rapid remediation if performance is not satisfactory. Without these components, an alternative assessment will in essence be a high-stakes assessment and the intended benefits of revising the format of MOC will not be realized.

We do not support the continuation of a high-stakes secure examination for recertification. We are also concerned that increasing the frequency of MOC assessment in the methods that have been outlined is not consonant with decreasing the burden of these assessments.

In addition, before instituting a new MOC model, we believe a full and transparent accounting of ABIM costs and an estimate of the costs to be borne by individual physicians is essential. We feel strongly that a reduction in cost commensurate with the reduction in the scope of the MOC program should be instituted.

Again, our intent with sharing this information with ABIM in advance is to help expedite reform and to use our time together productively.
If you have questions please contact me or ACR’s vice president, education, Donna Hoyne via email: dhoyne@rheumatology.org or telephone: 404-633-3777 ext. 326.

Sincerely,

[Signature]

Joan Von Feldt, MD, MSEd
ACR President

Cc:
ABIM
Richard Baron, MD; President and CEO
Eric McKeeby; Director of Community Engagement

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Attachment 1: