Opinion

BY RICHARD P. MILLS, MD, MPH

Too Many Burdens, Too Little Time

"I am sick and tired of the litany of requirements placed on me that have nothing to do with good patient care." I'm sure you were thinking just that as you read about the Maintenance of Certification process in the September Opinion. (If you missed it, you can find it in your stack of unread journals or at www.EyeNetMagazine.org/archives.) But consider for the moment the possibility that participation in MOC might actually make you a better doctor and improve your level of patient care. We are entering an era of evidence-based medicine—at a time when application of results of collaborative clinical trials in everyday clinical practice is substandard by any measure, as shown in multiple studies. Wouldn't a program of learning, tailored to your practice—and including the evidence basis of practice decisions—be worth the expenditure of some time?

In responding to the public's demand for assurance of competence of physicians, the American Board of Medical Specialties was sensitive to the burdens that accountability was likely to place on the profession. They listened to complaints from physicians that recertification caused a major upheaval, anxiety and concentrated expenditure of time in their lives every seven to 10 years. MOC was therefore designed to spread the requirements more evenly so that in any given year, the physician would not experience too great a burden.

Apart from the concern about burden, there also have been issues of fairness raised by some holders of time-limited certificates. They rightly point out that prior to 1992, ABO diplomates held lifetime certificates; they argue that if MOC is to apply to the younger ophthalmologists, it should also apply to the grandfathers. However, legally, the lifetime certificates cannot be revoked, so the grandfathers cannot be compelled to maintain their certification. But they may voluntarily do so. New this year, lifetime certificate holders may enter the MOC process.

Another issue of fairness that has been raised is that the ABO leaders who are charged with designing the MOC requirements are not themselves required to jump through the same hoops. That concern is being addressed. Since the year 2000, all new ABO directors have been required to complete the MOC process by the time they assume their board duties. The problem with examining the older ABO directors (including me) is that it would raise eyebrows for the directors to test themselves, and it is too expensive to create a separate board to examine the current one. But we older directors will soon fade into the sunset.

Finally, there is the issue of fairness during the transition from the current recertification to the future MOC process. It is likely that during the transition, requirements may differ depending on the year of the time-limited certificate. While extraordinary efforts will be made to make the transition gradual and smooth, there is no way to avoid some inequities.

At least, as we face the challenges of the transition to MOC, ophthalmologists can depend on the Academy to remain firmly in their corner, insisting on clinical relevance, while developing the tools that we will all need at a time when we need them. You can take that to the bank.

See the July/August Opinion for my conflict of interest statement. It's on the Web at www.EyeNetMagazine.org.

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