11 Reasons Physicians Hate Maintenance of Certification (MOC)

By Steph Weber
It's too expensive.

“The cost is often quite high [plus] physicians have to take unpaid time away from patients to complete MOC requirements. The requirements cost physicians, hospitals, and health networks a lot of money and the pushback has been growing as [they] are realizing the costs.”

Andrea Paul, CMO at BoardVitals, a New York City-based, company specializing in MOC self-assessments
It generates questionable cash flow.

“The senior administrators of these not-for-profit boards are very highly compensated. Physicians [feel] that MOC is advocated by the various certification boards primarily to attract revenue. If fees are vastly reduced and salaries capped such that the organizations [would] have much less revenue and no incentive to charge physicians fees, then the business aspect of MOC would be eliminated.”

Paul Teirstein, medical director of Prebys Cardiovascular Institute in San Diego, Calif.
"MOC takes significant time — about 20-40 hours each year. [Because of MOC], physicians have less time to see patients and do other things. It is a waste [because] studies have found no benefit to patient care [and] physicians believe they learn very little from MOC activities."

Paul Teirstein, MD
It's a low-quality education method.

“The boards are creating proprietary MOC activities, [which] creates a built-in monopoly for the boards. In many cases, the proprietary activity costs more and is not as high quality as other available activities. Many doctors feel like MOC is simply an extra requirement that provides little value, [especially when] there is already a mechanism — CME — in place for continuing education.”

*Andrea Paul, MD*
It's strayed from the original goals.

“[MOC] was initially presented as a way of assuring quality. It has manifested, however, as a cottage industry that exploits the time, money, and expertise of physicians in service to administrators, researchers, technology companies, and data collectors with little accountability or transparency. We are being required to work in the interests of other parties — not those of patients.”

*Dina D. Strachan, a board-certified dermatologist practicing in New York City*
It's inconvenient and confusing.

“Not only are most of the requirements for MOC inconvenient, they are often so complicated that physicians have a hard time knowing what they actually need to complete. Some boards have five to six different tasks that are required, [including] an exam at a testing center [or] mandatory attendance at an association conference. The physicians lose their income on those travel days.”

*Andrea Paul, MD*
It's not evidence-based.

“MOC should assess whether physicians are still knowledgeable and capable of providing proper care for their patients. However, [it] hasn't been proven to assess these items very well. So when the boards mandate that physicians jump through hoops and change their practice to complete MOC requirements, without any proof that these things make them better doctors, it can be very frustrating.”

Andrea Paul, MD
It doesn't measure true competence.

“Board certification and recertification implies a physician practices competently. However, there is no practical way to assess one's competence as it would be time-consuming, labor-intensive, and very expensive. The computerized multiple guess exam [is too] easy [and] tests knowledge of minutiae and now how we practice.”

David A. Rivera, a board-certified OB/GYN practicing in Lombard, Ill.
“I can't speak for everyone, but I cannot imagine that anyone who is more recently trained but has to recertify every 10 years, thinks that it is fair or in the interest of patients that those [physicians] decades away from training don't have to recertify. Of course, we feel it is self-serving that those who constructed the new rules [are also exempt from] these rules.”

*Dina D. Strachan, MD*
It scrutinizes the wrong group.

“As people with less and less training, [like] extenders and doctors outside of a specialty, are being allowed greater scope of practice, people who actually did the training and whom we would expect to be the most qualified are being punished and scrutinized more. That makes no sense.”

Dina D. Strachan, MD
It's causing physicians to leave the profession.

“There is some early data that suggests MOC requirements have led to an increase in some physicians' early exit from medicine. We certainly do not need the burden of the current MOC to contribute to the anticipated upcoming tsunami of physician shortage.”

Tom Clifford, CMO of San Francisco-based Modio Health, a healthcare credentialing and career management company