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January 15, 2019

Christopher Colenda, MD, MPH, Co-Chair
William Scanlon, PhD, Co-Chair
Vision Initiative Commission

RE: Continuing Board Certification: Vision for the Future Commission Draft Report for Public Comment

Dear Dr. Colenda and Dr. Scanlon:

The American College of Radiology (ACR) is a professional medical society with over 36,000 members, the vast majority of whom are Diplomates of the American Board of Radiology, an ABMS member board.

The ACR is pleased to support the response from the Council on Medical Specialty Societies (CMSS) to the Continuing Board Certification: Vision for the Future Commission Draft Report for Public Comment. ACR remains a strong proponent of physician self-regulation as a core responsibility of our profession. We are in agreement with the many proposed improvements our members expect to see in their professional board, and particularly highlight the CMSS call for a “moratorium” in prevailing continuing certification to “provide the ABMS and its member boards the needed time to get all aspects of continuing certification right.”

Additionally, the ACR offers the following general comments regarding the report:

General comments:

1. The ABMS should provide additional opportunities for ACR members who are Diplomates or future Diplomates to provide input to this report or action steps that may result from it by extending the 1/15/19 comment deadline.
2. Diplomates, who are also ACR members, should be actively engaged in transparent development of and feedback on ABMS-mandated changes that affect the ABR’s direction and ultimately those Diplomates. ACR welcomes discussions that would allow our representative membership organization to support a process to accomplish this desired state. This transparency should extend to specific areas of the Board’s work, such as the posting of meeting minutes for non-confidential discussions and ensuring regular open sessions where Diplomates and other ACR members can attend.
3. ABMS-member boards should follow deliberative processes that more closely resemble those of professional societies like the ACR, e.g., Council resolutions, Bylaws changes, Practice Parameters and Technical Standards, including a “public” comment period to allow for patient input. Additionally, Boards should be required to provide regular reporting of their operations and results to encourage specific and

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objective accountability to the communities and patients they serve. The ABMS should establish best practice for member boards that includes ongoing and non-punitive methods for Diplomates to provide feedback and register disagreement and dissatisfaction with their respective Board.

4. The ABMS Vision Initiative report both underestimates and understates the reality, robustness, and energy of a growing grass roots “anti-board movement.” Recommendations to address this development could include open elections for ABMS member board seats, transparent advance notice of new initiatives with requirement for stakeholder comment periods, and disclosure of audited financial statements. The timely response of the ABMS boards to this document will also be critical.
5. Educational gaps should in large part be learner driven and representative of each learner's practice, thus providing a more tailored approach to the formative process of continuing certification of competence. Each Diplomate should be able to identify his/her gaps and dive as deeply into education in those areas as desired.
6. Continuous demonstration of competence is seen as the likely substitute, given its relative acceptance and less intrusive nature, to current high-stakes summative testing. However, a relative improvement still does not confirm effectiveness or assess overall impact. The ABMS should require its member boards to pursue independent research and confirmation of improved outcomes related to their certification activities and initiatives.
7. The ABMS and its member boards should carefully consider the antitrust implications for their actions.

The ACR would also like to offer the following comments on the report recommendations as exemplars of how professional medical societies and their respective boards can work together collaboratively to encourage successful implementation of these recommendations and build on them to serve the community of Diplomates and the patients we all serve.

Recommendation #1: Continuing certification should constitute an integrated program with standards for professionalism, assessment, lifelong learning, and practice improvement.

The ACR has a long track record of providing successful online and in-person educational products that target a host of lifelong learning and professional development topics. In fact, the development of practice standards and the delivery of educational content are two of the ACR’s most important and proven domains of expertise. Representation of private practice physicians in the design and conduct of certification and MOC testing are important to ensure the relevancy of those activities, as well as Diplomate engagement. The ACR is very interested in exploring how this expertise can support Diplomates across the community of radiology.

Recommendation #2: Continuing certification should incorporate assessment that supports Diplomate learning and retention, identifies knowledge and skill gaps, and helps Diplomates learn/advance in the field.

The ACR is widely respected and trusted by radiologists and has a robust infrastructure in facility accreditation that could be used to develop an effective and innovative way for its members to participate in ongoing, meaningful

self-assessment of their lifelong learning. The ACR recommends that the ABMS encourage its member boards to collaborate with their respective professional medical society when implementing this recommendation.

Recommendation #3: Professionalism is an important competency for which specialty-developed performance standards for certification must be implemented.

- a. **ABMS Boards should develop new and reliable approaches to assessing professionalism and professional standing.**
- b. **ABMS Boards should have common standards for how licensure actions for professionalism impact continuing certification.**

The ACR has worked hard to make professionalism a core component of its brand – primarily through its efforts in advocacy and education. The ACR has a well-respected Radiology Leadership Institute, with an expert faculty and an excellent track record of meaningful and relevant education. The ACR has recently reformulated its Commission on Publications and Lifelong Learning to address the strategic educational needs of the radiology community. The ACR's strong sense of accountability also underscores its commitment to professionalism. The ACR recommends that the ABMS encourage its member boards to collaborate with their respective professional medical society when implementing this recommendation.

Recommendation #4: Standards for learning and practice improvement must expect Diplomate participation and meaningful engagement in both lifelong learning and practice improvement. ABMS Boards should seek to integrate readily available information from a Diplomate's actual clinical practice into any assessment of practice improvement.

The ACR is a representative organization with a democratic governance structure. ACR's initiatives such as Imaging 3.0 indicate the organization's commitment to supporting our members in their professional journey in the service of their patients. ACR has a robust toolkit, as exemplified in our CMS-funded Radiology, Support, Communication, and Alignment Network (R-SCAN) to provide meaningful engagement in lifelong learning and practice improvement for our members. The ACR recommends that the ABMS encourage its member boards to collaborate with their respective professional medical society when implementing this recommendation.

Recommendation #5: ABMS Boards have the responsibility and obligation to change a Diplomate's certification status when certification standards are not met.

The ACR has a strong track record of conducting research about the role and impact of policy interventions. The ACR recommends that the ABMS encourage its member boards to collaborate with their respective professional medical society when implementing this recommendation.

Recommendation #6: ABMS Boards must have clearly defined remediation pathways to enable Diplomates to meet assessment, learning and practice improvement standards in advance of any loss of certification.

The ACR strives to be inclusive of and responsive to its members, and is well positioned to assist its members (ABR Diplomates) with such remediation. Members have access to meaningful and lifelong learning validation as part of ACR's many other quality improvement activities, e.g., accreditation, registry participation, and continuous professional improvement. The ACR recommends that the ABMS encourage its member boards to collaborate with their respective professional medical society when implementing this recommendation.

Recommendation #7: ABMS Boards should collaborate with professional and CME/CPD organizations to create a continuing certification system that serves the public while supporting Diplomates in their commitment to be better physicians.

Membership engagement and outreach have been identified as foci of the ACR's strategic plan and priorities of the ACR's Council Steering Committee. The ACR is therefore in an excellent position to provide such collaboration. For example, many of our practice parameters and technical standards are open, multi-society efforts, establishing ACR's reputation as a collaborator. The process by which the ACR nominates potential representatives to the ABR is an opportunity to catalyze transparency and Diplomate engagement.

With regard to the ABR's approach to continuous certification recommended by the ABMS, the new OLA process does not define what criteria or data are used to determine practice profiles for general radiologists and permits no customization by examinees who choose the general radiology practice profile—or any other practice profile. The lack of options for general radiologists significantly disadvantages ACR member radiologists, the majority of whom practice as general radiologists. ACR is ready to collaborate with its specialty board and the ABMS to fully explore a solution to this challenge.

Recommendation #8: The certification has value, meaning and purpose in the health care environment.

The ACR agrees that continuing certification should create value, meaning, and purpose for Diplomates but it is critical that the process is experienced by the Diplomates as supporting their ability to provide high quality care. The stress, financial and psychological, experienced by physicians related to certification and MOC requirements is underemphasized by the report and should be more thoroughly studied. Additionally, The ABMS Vision Survey that informed the development of the Report included nearly 35,000 physicians. Given that radiologists constitute approximately 3% of physicians, ACR estimates that approximately 1,000 radiologists participated in this survey. The ACR requests the ABMS make these data available for review, in an anonymized manner, to provide additional insights that could be benchmarked against other subspecialties and allow ACR to better support its members.

Recommendations #9-10:

The ACR is a premier clinical and economic research organization with a long track record of success; it stands ready to advise, support, and conduct independent and transparent research on the value of the certification process and Diplomate acceptance and participation. The ACR recommends collaboration and engagement with organizations such as professional medical societies and boards that have already started these types of assessment and training programs.

ABMS Boards' Support of Diplomates: Recommendations #11-15:

The ACR supports the need for broad Diplomate representation and meaningful participation by "clinically active" Diplomates. ACR makes its annual meeting open to all members, who can (even if they do not attend) comment digitally on practice parameters and technical standards. ACR has a robust chapter outreach program and the Council Steering Committee is committed to increasing that engagement. The ACR recommends that the ABMS encourage its member boards to collaborate with their respective professional medical society when implementing this recommendation.

We would like to thank the Commission for your hard work in addressing this critical challenge facing the ABMS, specialty Boards, their Diplomates and the patients we serve. As physicians we have been afforded the

responsibility of self-regulation and it is important that this be achieved in an effective, efficient and meaningful way. Our comments are meant to assist the Commission in conveying recommendations that will best achieve that end.

Please do not hesitate to contact us (via wthorwarth@acr.org) if you have any questions regarding these comments.

Best regards,



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