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December 7, 2010

Humayun Chaudhry, DO  
President/CEO  
Federation of State Medical Boards  
400 Fuller Wiser Road, Suite 300  
Eules, TX 76039

Dear Dr. Chaudhry:

On behalf of the National Association Medical Staff Services (NAMSS), I would like to first thank you for the opportunity to provide comments on the FSMB's draft Maintenance of Licensure (MOL) Implementation Template. Medical services professionals (MSPs) are responsible for the collection and verification of physicians' licenses and other credentials to ensure that only quality healthcare providers provide patient care. MSPs are also responsible for helping physicians keep track of their licensure status and continuing education and will certainly have a role in assisting physicians when the MOL program is implemented.

NAMSS is supportive of the MOL program. We agree with the FSMB's view that requiring physicians to commit to lifetime learning will lead to better performance and quality patient outcomes. We also support the efforts to align the MOL program with the American Board of Medical Specialties' and American Osteopathic Boards' Maintenance of Certification (MOC) programs. The time and resources of physicians are limited and valuable. Aligning these two programs ensures the goals of each program are met without being burdensome on the physicians and the MSPs who will help manage these programs.

As the FSMB moves forward, NAMSS would like to highlight some issues that we hope you will continue to address:

First, it is up to each state medical board to adopt the policies developed by the FSMB. NAMSS urges the FSMB to provide states with standard comprehensive guidelines for MOL implementation, preventing states from adopting a patchwork of different systems with various requirements and different timelines. The physician population has become highly mobile, and many physicians now hold licenses in more than one state. This means that licenses must also be portable across state lines. Consistent, national guidelines will ensure that physicians do not view the MOL as a burden.

Second, NAMSS encourages FSMB to continue considering the ramifications the MOL program may have on physicians who are not board certified, and are not engaged in active clinical practice, but who continue to be licensed, such as those who perform research, teach, or those who work with industry groups. In particular, NAMSS is interested in how these physicians will meet “Component Three: Performance in Practice,” which recommends that licensees perform an assessment of their performance to peer and national benchmark data. Physicians not engaged in clinical practice will have little performance data and will therefore have a difficult time comparing their performance to benchmark data that is mostly collected from active clinical practitioners. FSMB has recognized this challenge and should consider altering Component Three for physicians not engaged in active clinical practice.

Finally, NAMSS asks the FSMB to also consider how the MOL will affect physicians not in clinical practice as it relates to continuing education. Although NAMSS supports alignment of the MOL with the ABMS MOC requirements, as this will simplify the processes for most physicians, we encourage the FSMB to avoid continuing education guidelines that require all physicians to complete education in active clinical practice and patient communication. While these are important skills for physicians in active practice, we are concerned about the effect the MOL may have on physicians who may not participate in the same didactic level of continuing education programming as those in active practice. These physicians currently meet state board requirements for continuing education but may not have access to resources necessary to meet certain aspects of the proposed MOL requirement if they are required to obtain additional continuing education in areas unrelated to their form of work.

NAMSS is interested in whether or not the FSMB will consider setting separate guidelines for physicians who are not seeing patients, but who maintain licensure for research, teaching, or industry work.

NAMSS appreciates the opportunity to comment on the FSMB’s draft proposal. We encourage the FSMB to continue reaching out to NAMSS and other organizations for comments to ensure that the MOL is implemented in a way that achieves improved patient care without burdening the physician population or unnecessary additional expense to healthcare administration.

Sincerely,

A handwritten signature in black ink that reads "Karen Reed, PhD, CPMSM". The signature is written in a cursive, flowing style.

Karen Reed, PhD, CPMSM  
President