

Specialty Boards Profiting From Physician MOC Fees, Study Finds

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Costs to physicians for board certification and maintenance of certification (MOC) are substantial, and American Board of Medical Specialties (ABMS) member boards may be benefiting financially from them, suggests a research letter [published online](#) August 1 in *JAMA*.

The study found that revenue for most ABMS member boards far surpasses expenses, with a mean annual growth rate of 10.4% between 2003 and 2013.

"As nonprofit organizations funded primarily by physician members, the ABMS member boards have a fiduciary responsibility to match revenue and expenditures. However, this is not the case for most boards, with overall revenue greatly exceeding expenditures in FY 2013," write authors Brian Drolet, MD, from Vanderbilt University, Nashville, Tennessee, and Vickram Tandon, MD, from University of Michigan, Ann Arbor.

That may create a dilemma. Board certification is thought to play an important part in maintaining quality standards. However, many physicians have objected to ABMS programs, especially MOC, saying that they are not clinically relevant, lack supporting evidence for efficacy, and have high fees.

To see whether boards may be gaining financially from these programs, the authors evaluated fees for initial certification and MOC published on websites of 24 ABMS member boards in March 2017.

They also averaged costs, such as annual dues, examination fees, and certification fees, over a 10-year period, from 2003 to 2013. To evaluate expenses, they consulted most recently published tax documents for fiscal year 2013 and tax forms for the past 10 years.

In 2017, an initial written exam had a mean fee of \$1846. Fourteen boards required an oral exam for initial certification, which cost a mean of \$1694. Nineteen boards offered subspecialty exams, such as hand surgery within orthopedic or plastic surgery, with a mean fee of \$2060. MOC had a mean cost of \$257 annually.

In 2013, the boards reported a revenue of \$263 million. Expenses were \$239 million, for a surplus of \$24 million.

Exam fees contributed to 87.7% of revenue and 21.3% of expenses. Officer and employee compensation and benefits made up just 42.4% of expenses.

Six boards reported no debt, while 18 had assets that far exceeded their liabilities.

Over 10 years, from 2003 to 2013, the difference in assets and liabilities (change in net balance) grew from \$237 million to \$635 million, for a mean annual growth rate of 10.4%

The study used Internal Revenue Service form 990 as its primary data source, which could have limited the study. This form does not provide complete, specific accounting information for ABMS member boards.

"Board certification should have value as a meaningful educational and quality improvement process. Although some evidence suggests board certification may improve performance and outcomes, the costs to physicians are substantial. More research is needed to assess the cost-benefit balance and to demonstrate value in board certification," the authors conclude.

The authors have disclosed no relevant financial relationships.

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