New Relicensure Policy Under Consideration

BY MARY ELLEN SCHNEIDER
New York Bureau

Physicians could face increased requirements when renewing their state medical licenses under a draft model policy being evaluated by the Federation of State Medical Boards.

Under the draft policy, relicensure would become more comprehensive and require that physicians demonstrate continuing skills and knowledge in their area of practice. As proposed, the maintenance of licensure process would closely mirror the requirements that the American Board of Medical Specialties has established for maintenance of certification. The draft policy is a model that state medical boards could use, but individual states would determine whether or how the policy would be implemented.

Over the last 5 years, the Federation of State Medical Boards (FSMB) has been considering how state medical boards could change these policies to ensure that licensees are competent. Earlier this year, the organization's House of Delegates approved guiding principles for developing maintenance of licensure and called for additional research on the impact that the new requirements would have on state medical boards and licensed physicians.

Once that research is complete, the draft maintenance of licensure policy would likely be considered by the FSMB House of Delegates at their meeting next May, said Carol Clothier, vice president of strategic planning and physician competency initiatives for the FSMB.

State medical boards are feeling pressure from the public to ensure that physicians are competent in light of rapidly changing science and technology.

"Nobody wants to create more work for physicians," she said.

The idea is to try to take advantage of activities physicians already are doing to demonstrate their competence and use those to satisfy state licensure requirements, she said.

For their part, state medical boards are feeling pressure from the public to ensure that physicians are competent in light of rapidly changing science and technology. And the current requirements, which vary but generally include some continuing medical education, don't match up with public expectations of the oversight of physicians, she said.

If the maintenance of licensure policy is accepted by the FSMB House of Delegates, it still would be a model policy only, Ms. Clothier said. It would be up to individual states and territories to decide if they wanted to adopt, revise, or ignore the model policy. And that decision and its timing is likely to vary widely based on the politics involved in each state, she said.

The American Board of Medical Specialties, the not-for-profit organization that oversees certification of physicians in the United States, said in a statement that it is supportive of FSMB's direction on maintenance of licensure and is working on ways to collaborate.

Whatever states choose to do in terms of their relicensure policies, the process should be efficient for the physician, said Dr. Lynne Kirk, president emeritus of the American College of Physicians and professor of internal medicine at the University of Texas Southwestern, Dallas.

The ACP does not have an official policy on maintenance of licensure, but Dr. Kirk said that it makes sense that relicensure requirements should follow the same guiding principles as maintenance of certification. For example, the process should have significant value to both the physician and the patient, whether that means engaging in meaningful education or examining outcomes. The cost and time away from patient care also should be minimized, she said.

Ideally, a physician should be able to walk into the office each morning and document the care he or she provides in the patient's electronic medical record and have that documentation fulfill requirements for maintenance of certification, state licensure, payers, and others, she said. While both technology and the medical community have not quite reached that point yet, the goal should be for physicians to be able to focus on delivering high-quality care to patients without having to spend a significant amount of time satisfying reporting requirements for several sources.

If maintenance of certification could be used to also satisfy requirements for relicensure, that would go a long way toward being efficient for physicians, Dr. Kirk said. However, state medical boards will still have to address what type of process would be appropriate for physicians who hold lifetime certification and those who are licensed but not board certified, she said. ■

Preventive Services Guide Updated

The Agency for Healthcare Research and Quality has published its 2008 "Guide to Clinical Preventive Services," which highlights recommendations released by the U.S. Preventive Services Task Force (USPSTF).

In addition to previous recommendations, the pocket-sized guide contains recommendations released in 2007 on the use of aspirin or NSAIDs for primary prevention of colorectal cancer, screening for carotid artery stenosis, screening for chronic obstructive pulmonary disease using spirometry, counseling about car safety, and screening for illicit drug use.

To obtain single print copies of the guide, call 800-358-9295 or send an e-mail to ahrqpubs@ahrq.hhs.gov.

The guide can also be downloaded at www.ahrq.gov/clinic/pocketgd.htm.

In a related effort, the USPSTF issues "I statements" when the evidence is not sufficient to make a recommendation for or against the provision of a preventive service. In a series of new short videos, USPSTF members talk about "I statements" and how clinicians can apply them in practice.

Topics include screening for prostate cancer, screening for coronary heart disease with exercise testing in adults, screening and interventions for overweight children and teens, when the evidence is not sufficient for adult recommendations, and when the evidence is not sufficient for pediatric recommendations.

The videos are available at www.ahrq.gov/clinic/ivideos.htm. ■

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