



May 8, 2015

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Dear AAPM&R Colleague:

The American Academy of Physical Medicine and Rehabilitation (AAPM&R) is committed to lifelong learning and performance improvement for physiatrists. This allows practitioners to remain current on evidence-based practices and new and emerging technologies to serve our patients with a high level of competence. The Academy's support of the principles of certification is rooted in our commitment to medical professionalism and self-regulation. While well-intentioned, some components of the current Maintenance of Certification (MOC) process place significant burdens on physicians without having been shown to achieve the desired objectives.

The current format for MOC Part IV, aimed at practice improvement, does not achieve its intended goal and is hampered by components that are not easily met by many practitioners. Therefore, the Academy calls upon the American Board of Physical Medicine and Rehabilitation (ABPMR) to immediately suspend the current MOC Part IV process. Looking forward, we are committed to working within the specialty to develop methodologies that will foster meaningful performance improvement with the least possible burden.

There is a core of knowledge that all physiatrists should be familiar with. Beyond that, and especially with more years in practice, we tend to narrow our clinical focus, even without obtaining subspecialty certification. Physiatrists practicing spinal cord injury medicine, pediatric rehabilitation, or musculoskeletal medicine call on vastly different stores of knowledge to practice competently. All, however, must be proficient in the acquisition of new knowledge.

We therefore also call on the ABPMR to reconsider the format of Part III of MOC to best cover the common core aspects of PM&R while reflecting individual practice patterns. One model would include a core knowledge base to be addressed by all physiatrists, followed by a modular format, eg choosing 2 of 5 content areas reflecting Academy Council practice areas. This, or a similar construct, would allow all physiatrists to retain primary certification, yet with a focus on one's own practice content. We believe this change would allow physiatrists to see MOC Part III as more relevant than is the case now. Equally as important, this change could prevent the potential splintering of the specialty that might occur if physiatrists identify primarily with associations or boards outside of PM&R.

Further, the Academy asks the ABPMR to reformat MOC Part III to reflect the current practice of medicine, incorporating accepted adult-learning principles, eg collaborative decision-making.



Although the ABPMR and AAPM&R have different missions, their ultimate goals are similar: excellent physiatric care for our patients and a commitment to lifelong learning and practice improvement. The Academy believes that the above suggestions will improve the ABPMR's MOC processes that aim to achieve those goals.

Sincerely,

AAPM&R Board of Governors



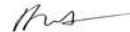
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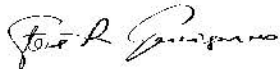
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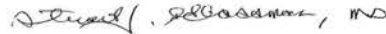
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