A MESSAGE FROM THE PRESIDENT, DAVID J. SIEGLER, M.D.

If your college claimed that your bachelor’s degree is now time-limited and you must return every 5 years for a $3000 “MOB” (Maintenance of Bachelor’s degree) course, would you do it? If the National Board of Medical Examiners (NBME) sent you a letter stating that because of the ever-increasing knowledge in medical school, we must “keep up” our degrees and begin retaking Part I, II and III every 5 years at $3000 a test, would you do it?

These hypothetical scenarios are preposterous, right? No one would agree to submitting themselves to such silliness! Or would they? Well, many of us are begrudgingly jumping through similar costly and meaningless “hoops” to be able to say we are “board certified” by the American Board of Medical Specialties (ABMS). Why do we do it? Why do we spend time away from our patients and family, spend hard earned money to prepare for and then take a “high stakes” examination to “market” ourselves as board certified (BC)? If you are the minority of physicians who enjoy and see value to Maintenance Of Certification (MOC®), stop reading. For the majority of you, read on for my answers.

1: We are hypocrites;  
2: We have allowed greedy bastards to monetize our desire to be respected by our peers; and  
3: We have allowed those same greedy bastards to establish a monopoly through effective marketing and lobbying.

Before explaining these 3 reasons in detail, I want to review the facts.

Just as other professionals in our society, we sit for a licensing exam following our education. Accountants pass a 5-part test once and become a licensed CPA for life (with a CE requirement). Attorneys pass the Bar exam once and become a licensed attorney for life (with a CE requirement). We pass a 3-part exam once to become a licensed physician. We become boarded by the National Board of Medical Examiners, like our accountant and attorney friends, with an unlimited term (with a CME requirement). These are state requirements. Most of us go on to complete residencies and fellowships.

ABMS began in 1933 during a time when medical education was inconsistent and unequal across the country. ABMS along with other organizations were successful in addressing the inequality. The initial certifications were meaningful for those efforts. However, after 50 years, the ABMS (a private tax-exempt corporation) devised a new business strategy. Beginning in the 1990s they sought to increase revenues in the name of improved physician quality to protect the public! Their plan copied shampoo executives like our accountant and attorney friends, with an unlimited term (with a CME requirement). These are state requirements. Most of us go on to complete residencies and fellowships.

The ABMS went throughout the US and marketed their new, proprietary product, MOC® Certification (MOC®). Why do we do it? Why do we spend time away from our patients and family, spend hard earned money to prepare for and then take a “high stakes” examination to “market” ourselves as board certified (BC)? If you are the minority of physicians who enjoy and see value to Maintenance Of Certification (MOC®), stop reading. For the majority of you, read on for my answers.

| 20 | Total assets (Part X, line 16) | 108,510,736 | 128,688,453 |
| 21 | Total liabilities (Part X, line 26) | 5,459,178 | 7,960,847 |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 103,051,558 | 120,727,606 |

There are 23 other sub-boards making money. In 2015, I reviewed form 990s for the ABMS and all 24 sub-boards found the accumulated assets (buildings, cash, stocks and bonds) were valued at more than $500 million. THAT IS ½ BILLION DOLLARS!!! I am outraged. You should be too. Remember these are all “non-profit” more accurately described as “tax-exempt” private corporations that practice “pseudo-licensing” of physicians. In fact, the ABMS’ war chest allows it to protect and grow its brand.

Monopolistic branding has caught the suspicions of the Department of Justice regarding the lack of competition in the medical certification industry and recommended the addition of other companies into the marketplace.2 Note that the osteopathic physicians are subject to osteopathic continuing certification (OCC).

November 8, Noon to 1pm Tulsa  
December 6, None to 1pm OKC  
Proper Prescribing Class  
Approved for 1 Hour OMB  
Licensure Requirement  

November 12,  
TCMS & TCMS Foundation  
Annual Meeting  
6pm Reception ~ 7pm Dinner  
Speaker Sean Kouplen  
DoubleTree Tulsa Warren Place  

November 12, 5pm to 8pm  
OSDS RSS  
Tulsa Dermatology Clinic  
2121 E 21st St  

December 5, 12:00 Noon  
2019 Holiday Luncheon & Celebration of $25 Million in Recycled Medication  
TCMS  

January 8, 2020 6pm  
TCMS Board Meeting  
TCMS  

January 12, 2020  
OB-GYN Town Hall Meetings  
Ted L. Anderson, MD, Phd  
President of ACOG  
* 1st Town Hall  
Hosted by Drs. Cox & Lakin  
11am to 1pm Tulsa  
* 2nd Town Hall  
Hosted by Dr. & Mrs. Stanley  
3pm to 5pm, Edmond OK  
rsvp to joetta@tcmsok.org  

January 28, 2020 6pm  
Legislative Update & Opioid CME Program  
2 AMA PRA Category 1 Credit™  
TCMS  

February 16, 2020 6pm  
TCMS & TCMSF President’s Inaugural Recognition of Retired Physicians  
OU Schusterman Learning Center  
4502 E 41st St, Tulsa  

IN MEMORIAM  
Jerry Sisler, MD  
October 10, 2019
Finally, my answers are as follows:

1. **We are hypocrites**: We aim to use the best evidence to treat our patients but when it comes to certification we ignore the facts: There is no evidence that certification nor MOC® improves outcomes of our patients.¹

2. **We have allowed the ABMS to monetize our behavior to prove we are worthy**: We are good at studying and taking tests. We are motivated life-long learners and have taken an oath to provide the best possible care to our patients. We do not need, nor want, others to tell us how to stay up-to-date on our knowledge and skills. A “high stakes” exam is not ‘real-life medicine.’ When we care for patients, we have access to resources to better their care and improve our knowledge every day! Every patient is a test of our knowledge. Our training provides us a foundation of knowledge but our experience modifies and increases our knowledge every day. Certification does not ensure that a physician is competent. Unfortunately, nothing presently available does. It is far easier to identify poor behavior than incompetence. The vast number (>99%) of actions against physicians by the Oklahoma Board of Medical Licensure and Supervision are due to poor physician behavior (substance abuse, inappropriate interactions with patients, fraudulent billing) than of incompetence.²

3. **We have allowed the ABMS to become a monopoly**: The ABMS has successfully convinced hospital and insurance administrators (and many physicians who write hospital privilege policy) that MOC®/OCC are a gold standard of quality. This is a laughable claim. I have served on a hospital medical executive committee and I learned of board-certified physicians who have behaved unprofessionally. The key here is that most physicians are competent, far more capable than the growing number of non-physicians taking our place. You ponder that we have more important issues to fight than MOC®? Well, actually, failing to participate in MOC®/OCC or failing the test, results in non-grandfathered physicians being kicked off hospital staffs and insurance networks or even fired by employers.

4. **Fighting the Certification Monopoly**: We at TCMS initiated the first state law in the U.S. that restricted the use of MOC®/OCC. In 2016, TCMS, OSMA, Rep. Mike Ritze, D.O. and Sen. Brian Crain, Esquire, wrote SB1148 which was passed by our state legislators and signed into law by the governor³ and follows the AMA’s Principles of MOC® outlawing the use of MOC®/OCC as a requirement for employment, payment, staff privileges and licensure. It is my opinion that an additional change is needed to bring common sense to certification. We must demand that the Accreditation Council on Graduate Medical Education (ACGME) require its accredited residencies and fellowships to confirm that all trainees are worthy for graduation (which would include procedures, projects, patient care and the ‘in-service’ exams) and certify graduates with a life-long certification. Be aware of conflicts of interest of ACGME member organizations which consists of American Board of Medical Specialties, American Medical Association, American Osteopathic Association, Association of American Medical Colleges, American Hospital Association, American Association of Colleges of Osteopathic Medicine. Who lobbies for physicians’ interests?

5. **Purchase meaningful certification**: We must stop buying MOC®/OCC and demand that our hospital staffs and the Oklahoma Board of Medical Licensure and Supervision accept other appropriate certifying boards like the National Board of Physicians and Surgeons (NBPAŚ)⁴, which renews ABMS & AOA initial certification at $149 every two years with appropriate specialty-specific CME.

Stop equating anecdote with evidence! Speak up! Join NBPAŚ. Stop supporting ABMS and AOA by purchasing MOC® and OCC.

Works Cited

4. Oklahoma Board of Medical Licensure and Supervision actions vs physicians, from 2003 to 2013 (personal review)
7. National Board of Physicians and Surgeons (NBPAŚ) at [https://nbpaś.org/](https://nbpaś.org/)

David J. Siegler, M.D.
President TCMS

2019-2020 TCMS Foundation Scholarship Recipients Announced

We congratulate the accomplished students who were awarded our 2019-2020 TCMS Foundation Scholarships. Each recipient demonstrated outstanding scholastic achievement, leadership, and community service. Since inception, the TCMS Foundation has awarded 1,297 medical students with scholarships totaling $1,348,250. On October 3, 2019, the 2019-2020 TCMS Foundation Scholarship Recipients were recognized at our annual scholarship reception. The recipients are:

**Corbit Bayliff, MSII**, OSU, OU Dean’s Award • **Iman Chaudhry, MSIV**, OU, Charles James Bate Memorial Award • **Trang Kieu, MSIV**, OU, TCMS President’s Award • **Elizabeth Landers, MSII**, OSU, The Betty Louise Conrad Memorial Scholarship Award • **Johnathan Nahmias, MSIV**, OU Dean’s Award • **Toni Nigro, MSII**, OSU, TCMS Foundation Community Service Award • **Kaitlyn Norton, MSIII**, OU, TCMS Foundation Community Service award • **Bishr Swar, MSIV**, OU, TCMS President’s Award

**Elizabeth Bate Randall, Iman Chaudhry, MSIV, OU, Charles James Bate Memorial Award Recipient, and Walter Randall**

**Michael Weisz, MD, and Johnathan Nahmias, MSIV, OU**

**Elizabeth Landers, MSIP, OSU and Robin Dyer, DO, OSU Associate Dean for Academic Affairs**
Congratulations to Jenny Boyer, MD, who was recently recognized with the American Medical Association’s Women Physicians Section Inspiration Award. This award honors and acknowledges physicians who have offered their time, wisdom and support throughout the professional careers of fellow physicians, residents and students. A long-time advocate of organized medicine, Dr. Boyer has been instrumental in guiding other physicians to become more involved at the county, state and national levels. Congratulations and thank you, Dr. Boyer!

**Welcome New Members**


**HEIDI PRINCE, DO,** Anesthesiology, 6839 S Canton Ave, Tulsa, OK, 74136. Medical Education: Oklahoma State University, Tulsa, OK, 2008-2012. Residency: University of Arkansas for Medical Sciences, Little Rock, AR, Anesthesiology, 2012-2016


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