

2002 Press Releases

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Medical Board Recommends Physician Proficiency Requirement

The Texas State Board of Medical Examiners became the first state medical board to formally endorse implementation of a program requiring periodic demonstration of current proficiency by all physicians with adoption of a resolution on August 16.

New legislation would be required to enable the board to begin using the proficiency requirement. Implementation could occur no earlier than 2005.

Board President Lee S. Anderson, M.D., a Fort Worth ophthalmologist, said, "I think the public has the expectation of currency of a physician's knowledge base and mental competence. I don't know of another way to satisfy this expectation without some objective measurement such as re-certification or a monitored test. This measurement should not be left solely to the complaint or malpractice system."

Currently the board is complaint-driven, identifying and remediating competency problems only after patients or peers have filed a complaint with the board. "This process identifies problems after they occur; patient safety would be better served if we could actively identify practitioners at risk of poor performance. Physicians who have passed a monitored exam like a board-certification exam have demonstrated current knowledge and cognitive ability," said Donald W. Patrick, M.D., J.D., TMB executive director.

Out-of-state physicians seeking licensure in Texas must have demonstrated proficiency by passing a nationally recognized examination within the last 10 years. "If we require it of out-of-state doctors, it should also be effective for assuring proficiency among in-state doctors as well," said Dr. Patrick. "The proficiency requirement the board is asking for is an extension of the process of taking written examinations that physicians began while in college," he said.

Other states are also considering implementation of some sort of proficiency testing for physicians, while other professions on which the public depends for safety have long required continued re-testing. The Federal Aviation Administration has a range of requirements for pilot re-testing, depending on types of aircraft flown and amounts of flying time logged.

Reports and studies advocating some method of re-testing for physicians began appearing in the early 1980s. The Statewide Health Coordinating Council was the first Texas body to address the issue in the Texas State Health Plan: 1999-2004 Ensuring a Quality Health Care Workforce for Texas. The Texas report echoed recommendations of a report published in 1995 by the Pew Health Professions Commission's Taskforce on Health Care Workforce

Regulation. The Pew Commission advocated that states "require regulated health professionals to periodically demonstrate competence through appropriate testing mechanisms," noting that continuing education courses have not proven to be an effective way of assuring continuing competency.

In its 1999 report on medical errors, "To Err is Human," the Institute of Medicine recommended that "Health professional licensing bodies should implement periodic re-examinations and relicensing of doctors, nurses, and other key providers based on both competence and knowledge of safety practices."

In 1998, the American Board of Medical Specialties examined how to assess physician competence and determined that all 24 of its specialty boards would demand retesting of their diplomates by 2006. Most are already doing so but some have provided that physicians already certified could be "grandfathered" and exempt from the retesting requirements

"After all their research, the American Board of Medical Specialties concluded that they would make it mandatory for physicians who wanted to maintain their 'boarded' status to recertify every 10 years. This is already mandatory for physicians who have obtained certification since around 1990," said Janet Tornelli-Mitchell, M.D., board vice-president. "Physicians who were boarded prior to 1990 are not held to this standard and they are actually the physicians who need to recertify the most. I feel all physicians should be held to this standard, not just physicians who have graduated since 1990," she said.

The TMB proposal would require that those physicians whose certification does not require passing a monitored exam, who are exempted from the examination by a board's "grandfather" policy, or who have not pursued board certification, would be subject to periodic proficiency evaluation. This proposal would fill in where the specialty boards do not reach, and would require retesting every 10 years.

Physicians who fail to demonstrate proficiency would not face immediate loss of license. Under the present proposal, physicians would have three chances to take and pass the Special Purpose Exam (known as the SPEX.) If the physician fails in those three attempts, there are other evaluation resources, such as the Colorado Physician Evaluation Program, which is already in existence providing proficiency testing and remediation for physicians. The National Board of Medical Examiners and the Federation of State Medical Boards may also be tapped to provide testing and evaluation. The board will review other evaluation and remediation programs in the process of developing the program.

Because the testing will be administered by other entities, the impact on TMB's budget is expected to be minimal and may be offset by conversion to a system of biennial registration. This would reduce the staff time spent on administering annual registration. Costs to physicians would average \$65 per year based on paying the current SPEX examination cost of \$650 every 10 years. Physicians currently taking a periodic board examination would incur no additional costs.

How would proficiency testing work?

TMB will work with stakeholders to develop plans and rules. The details and exact structure of the testing procedure will be developed over time, but a draft proposal consists of the following components:

Physicians would be required to provide evidence of either certification, recertification, or successful completion of an approved assessment completed at least once every 10 years as a condition for active licensure in Texas. Possible assessments include the following:

- SPEX: a test for general medical knowledge;
- Clinical Skills Exam, which will be required of medical students beginning in 2004 for those who do not want to take a written test and want to test their history and physical skills. It could also be used by practitioners to test their clinical skills;
- At least seven other modules, including ethics and communication, women's health, interpreting medical literature, mechanics of disease, musculoskeletal system, gastrointestinal system, and cardiovascular system, could be taken in addition to a portion of SPEX;
- Other testing instruments to be developed.

"TMB needs to use every tool in its arsenal to assure continued public protection and allow the medical profession to sustain its high level of respect," said Dr. Patrick.

The Texas State Board of Medical Examiners, the state agency that regulates physicians, physician assistants, surgical assistants and acupuncturists, provides consumer protection through licensure, investigation and disciplinary action. The Board, under President Lee S. Anderson, M.D., and Executive Director Donald W. Patrick, M.D., J.D., is strengthening and accelerating the disciplinary process for licensees who fail to meet the required standards of professional competency and behavior. The agency is seeking new legislation to expand current statutory authority to better fulfill its mission to ensure only competent licensees are providing medical care.

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