The Society for Academic Continuing Medical Education (SACME), whose primary mission is research and scholarly activity to improve the effectiveness of CME and physician professional development, would like to convey its appreciation for the opportunity to comment on the September 19, 2013 “Proposed Standards for the ABMS Program for Maintenance of Certification (MOC) For Implementation in January 2015.” We thank the ABMS for its continued effort to promote lifelong learning, patient safety and quality improvement among practicing physicians.

• We especially appreciate the infusion of all six competencies throughout the MOC process, and would encourage greater specification regarding the inclusion of those six competencies in Part IV. In addition, we believe it would be helpful to provide additional clarity regarding the specific meaning of “ongoing” assessment and improvement, called for in lines 240 and 241, and of “Continuous” assessment and practice improvement, called for in line 243.

• Critical to effective lifelong learning are assessment and reflection. It appears that in Part II of the Proposed Standards, assessment and reflection have been left largely to the individual Boards or external groups approved by the Boards. While we understand the concept of having individual Boards directly involved in this process, we believe consideration should also be given to the unique role that certified CME could play in providing education in the knowledge of quality improvement science and practice as well as providing evidence-based activities designed to assist the physician in assessment and reflection. This could be specifically mentioned in the standards.

• While we presume that many would see patient safety and quality improvement as inextricably related, the emphasis on patient safety in Part II and on quality improvement in Part IV might give the appearance that these are necessarily separate goals or standards. This might be remedied by adding “patient safety and” in line 240.

* 240 diplomat. These standards contribute to [patient safety and] improved patient care through ongoing assessment

* Including clear linkage of Parts I, II, III, and IV could be strengthened in the new standards. Promoting blended Part II and Part IV MOC activities are an excellent opportunity to incorporate MOC into practice.

• Given the growing emphasis on the team-based practice of medicine, it would seem practical to give consideration to encouraging interprofessional practice improvement activities that include the larger team.

Thank you for your continued efforts to improve the quality of healthcare and the practice of medicine.