Position Statement on Regulation of Credentialing and Licensing
Approved by the Board of Regents on June 1, 2017

1. Because a wide variety of attributes contribute to a physician’s competence and
quality of care, participation in programs for physician accountability such as
maintenance of certification should not be an absolute prerequisite for licensure and
credentialing. The primary determinants should be demonstrated performance for
providing high quality, compassionate care and a commitment to continuous
professional development. [Reaffirmation of current policy].

2. If participation in or successful completion in a specialty board’s maintenance of
certification is to be considered in the credentialing decisions by licensed
hospitals/health systems, physician groups and other health care facilities, insurers
(including for payment purposes and network participation), medical liability carriers
and licensing boards themselves:

a. it should never be the sole, principal, overriding, or absolute element to be
considered,
b. or be a requirement or prerequisite for such credentialing or reimbursement
for medical services provided to patients;
c. rather, such participation in or successful completion of maintenance of
certification should be considered to be only one of a wide variety of attributes
that contribute to a physician’s competence and quality of care.

3. Enactment of state laws and regulations to regulate how specialty boards’
maintenance of certification can be considered in credentialing by licensed
hospitals/health systems, physician groups and other health care facilities, insurers,
medical liability carriers and licensing boards themselves must be approached with
great caution because of their potential for adverse unintended consequences of such
regulation, including:

a.

b. interfering with the ability of hospitals and physician groups, in particular, to
use the criteria they feel is most appropriate in selecting physicians to serve on
their staffs or to be granted privileges;
c. lowering the standards of credentialing physicians for hospital medical staff
privileges, employment, insurer networks, and medical liability carriers, such
as by allowing participation in CME alone to be considered as standard of
excellence.

4. To the extent that states choose to enact laws and regulations affecting credentialing
and specialty boards, they should be focused on ensuring that maintenance of
certification is not used as the sole, principal, overriding, or absolute prerequisite for
physicians to be accepted into hospital medical staffs, to have hospital privileges, to
be employed by licensed health care facilities, to have access to reimbursement, to
participate in insurers’ contracts and networks, or to be accepted for medical liability
coverage and the premium charged for it. State regulations may appropriately
establish appeals and due-process rights, transparency and cause of action to protect
physicians from being unfairly discriminated against in such cases. State legislatures
should not regulate the content of the profession’s own standards of accountability.