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March 31, 2016

Lois Margaret Nora, MD, JD, MBA  
President and Chief Executive Officer  
American Board of Medical Specialties  
353 North Clark Street, Suite 1400  
Chicago, IL 60654

Dear Dr. Nora,

I am responding on behalf of the Association of American Medical Colleges (AAMC) to the draft report of the Special Committee on Physician Scientists and Continuing Certification. The AAMC is grateful to the Board for this opportunity to review and provide input on this report. We find the report to be comprehensive and precise in its assessment of the special situations of physician scientists and continuing certification, and we strongly agree with its recommendations. Physician scientists are essential in bringing critical insights to basic research and are a vital link between discovery and translation of research findings into clinical application and improved care. They also provide a critical linkage to the clinical environment bringing back insights from patient care to research. If the nation is to strengthen and revitalize physician-scientist careers, particularly for new generations, it must take care to attract talented and dedicated individuals from across our entire population. We note additional comments here.

**Section: An Overview of the Physician-Scientist Workforce.** A key strength of the draft report is that it begins by correctly recognizing the scope and variety of physician scientists and the different environments in which they work. As the draft report explains, physician scientists may work primarily at a laboratory bench or with patients in clinical settings. They may conduct clinical trials in the context of their respective clinical practices, or work with populations or health systems to improve the delivery and effectiveness of care. While the report necessarily focuses on those physician scientists who spend a “substantial amount of their medical practice to the conduct of biomedical research,” the AAMC does note that the proportion of time spent in investigation also varies across physician-scientists, without diminishing the contribution that they make. For example, there are physicians who participate in clinical trials as part of their larger clinical practice.

In this section and throughout the document, the draft refers to the conduct of “biomedical” research. We expect that the term biomedical should also include behavioral, social and other sciences that are (increasingly) important to the advancement of health. The AAMC generally refers to “medical” research to cover all areas of science relevant to advancement of medicine and health.

**Section: The Physician-Scientist in Training: Competency Based Medical Education and Training.** The AAMC agrees with the recommendation that the ABMS should endorse a careful

study of competency-based training and the potential it offers to shorten training for physician scientists. As suggested later in the report, we support the Board in reaching out to academic institutions and the research community in identifying such models. A key community to work with is the network of institutions participating in the Clinical and Translational Science Award program, funded through cooperative agreements with the National Institutes of Health's (NIH) National Center for Advancing Translational Sciences (NCATS). The CTSA program is already cited in a later section on improving medical practice. We note that many of the special committee's members are from CTSA consortia institutions which are an experienced community in physician scientist training and career development.

The table in Appendix 3 referenced in this section, on "alternative research pathways" offered by several ABMS member boards will be most helpful to the community, and hopefully will provide a tool for other medical specialty boards in considering such pathways.

**Section: Increasing MOC's Relevance to Physician Scientists.** The AAMC endorses the committee's recommendation that ABMS and member boards should adopt an explicit statement that any physician engaged in clinical care, however limited, has the same duty to the patient as a physician engaged in full-time clinical activities. The AAMC's 2006 Task Force II on Clinical Research and subsequent bodies also believed that any efforts to strengthen or accelerate physician scientist career development not in any way imply a diminishment of training and or other professional responsibilities of the physician.

**Section: Improvement of Medical Practice: 1. Should Part IV credit be awarded for research-related activities or is the board exclusively designed as a marker of clinical competency?** The AAMC supports changing the title of Part IV from "improvement of medical practice" to "improvement of professional practices" and recognizing those physicians who contribute to patient- or population health through activities other than by providing direct patient care. The AAMC, for example, places a high priority on the role of physicians and scientists in improving community engagement and addressing health disparities among different populations, among other activities, and certainly would like to see such activities credited.

**Section: Improvement of Medical Practice: 2. Should ABMS and Member Boards consider the research process itself as equivalent to the QI process for which Part IV is awarded?** We agree with the committee's finding on the reasonableness of distinguishing between quality improvement and research for purposes of assessment and credit. The AAMC believes that quality improvement is part of a continuum with clinical and other medical research, in that such activities are part of a spectrum of activities that aim to improve the nature and effectiveness of the care that is delivered, and the overall health of communities. We agree with the Special Committee's conclusion that more work is needed in providing credit for relevant professional activities to develop competencies for physicians' activities in translational or basic research. Competencies for professional activities focused on quality improvement may be more readily developed, but in either case competency development should occur in conjunction with relevant scientific disciplines and medical subspecialties. The draft report briefly mentions the role of peer review for assessing the quality of basic and translational research, which is true, but also reminds us of the importance to see that physician scientists are included in peer review panels for such research.

In this same section, under **“Is quality improvement in the research environment appropriate for IMP Part IV credit?”** we were pleased to see the attention to additional types of quality improvement activities in the research environment that could be acceptable to Part IV credit, and especially the inclusion of “enhance research mentorship.” Mentorship is a critical element in successful development of all scientists, including physician scientists, and should be recognized. The importance of mentorship is reflected throughout the report.

For the benefit of others who may read these comments, the AAMC is a not-for-profit association representing all 145 accredited U.S. medical schools, nearly 400 major teaching hospitals and health systems, and more than 80 academic and scientific societies. Through these institutions and organizations, the AAMC represents 148,000 faculty members, 83,000 medical students, 115,000 resident physicians, and thousands of graduate students and post-doctoral trainees in the biomedical sciences.

Again, the AAMC is very grateful to the ABMS and the Special Committee for its consideration of physician scientists, and for providing this opportunity to review the draft report. We are also thankful for the inclusion of AAMC representation in the process of developing this draft report. If we can be of further assistance, please let me know ([akommaya@aamc.org](mailto:akommaya@aamc.org); 202-828-0509).

Sincerely,

A handwritten signature in blue ink, appearing to read "A. Ommaya".

Alexander Ommaya, DSc  
Acting Chief Scientific Officer