

MOC

MAINTENANCE OF CERTIFICATION

WHAT WE KNOW, (SO FAR)

HX OF BOARD CERTIFICATION

- 1908 Derrick Vail, MD
- Presidential address to the American Academy of Ophthalmology & Otolaryngology
- “I hope to see the time....let him then be permitted and licensed to practice ophthalmology.”

AMERICAN BOARD OF OPHTHALMOLOGY

- Am Ophthalmologic Society, AMA, Academy of Ophthalmology
- 1915—Defined requirements
- 1917—ABO established

EARLY BOARDS

- 1924—Am Board of Otolaryngology
- 1930—Am Board of Obstetrics & Gynecology
- 1932—Am Board of Derm & Syphilology
- 1933—Am Board of Pediatrics
- 1934—Psychiatry & Neurology, Radiology, Orthopedic Surgery
- 1935—Colon & Rectal Surgery, Urology
- 1936—Internal Medicine, PATHOLOGY

ADVISORY BOARD FOR MEDICAL SPECIALTIES

- Est. 1933
- Uniformity in MD certification
- Increase public awareness
- Education, training, and certification

ADVISORY BOARD FOR MEDICAL SPECIALTIES

- Four first specialty boards
- AHA, AAMC, FSMB, AMA Council on Med Ed & Hospitals, NBME
- 1970—American Board of Medical Specialties (ABMS)

ABMS PURPOSE

- Discuss common issues
- Advise Boards
- Coordinate work
- Jurisdiction over policies as delegated
- Autonomy of any Board
- Stimulate improvements in med ed

ABMS

- 24 Boards
 - 37 Primary specialties
 - 94 Subspecialties
- 2005 ~89% licensed US MDs
- Evanston, IL
- Stephen Miller, MD, EVP
- www.abms.org

ABMS MISSION

- Improve quality of medical care
 - Professional and educational standards for certification
- Assurance to the public
 - Certification has meaning and required components

ABMS & Member Boards

- Assess
 - Education, Training, Licensure, Ethical and professional requirements
- Initial examination
 - Construction-fair, objective
 - Psychometrically reliable and valid
 - Assess knowledge & clinical skills

LIMITS OF BOARD CERTIFICATION

- Assesses only medical knowledge
- Snapshot

SOLUTION?

- Recertification
- Time limited certification
- Maintenance of Certification (MOC)

ABMS

- 1993 Member Bds agree to Recertification
- 1997/98 ABPath Voluntary Recertification

1998 ABMS Task Force on Competency

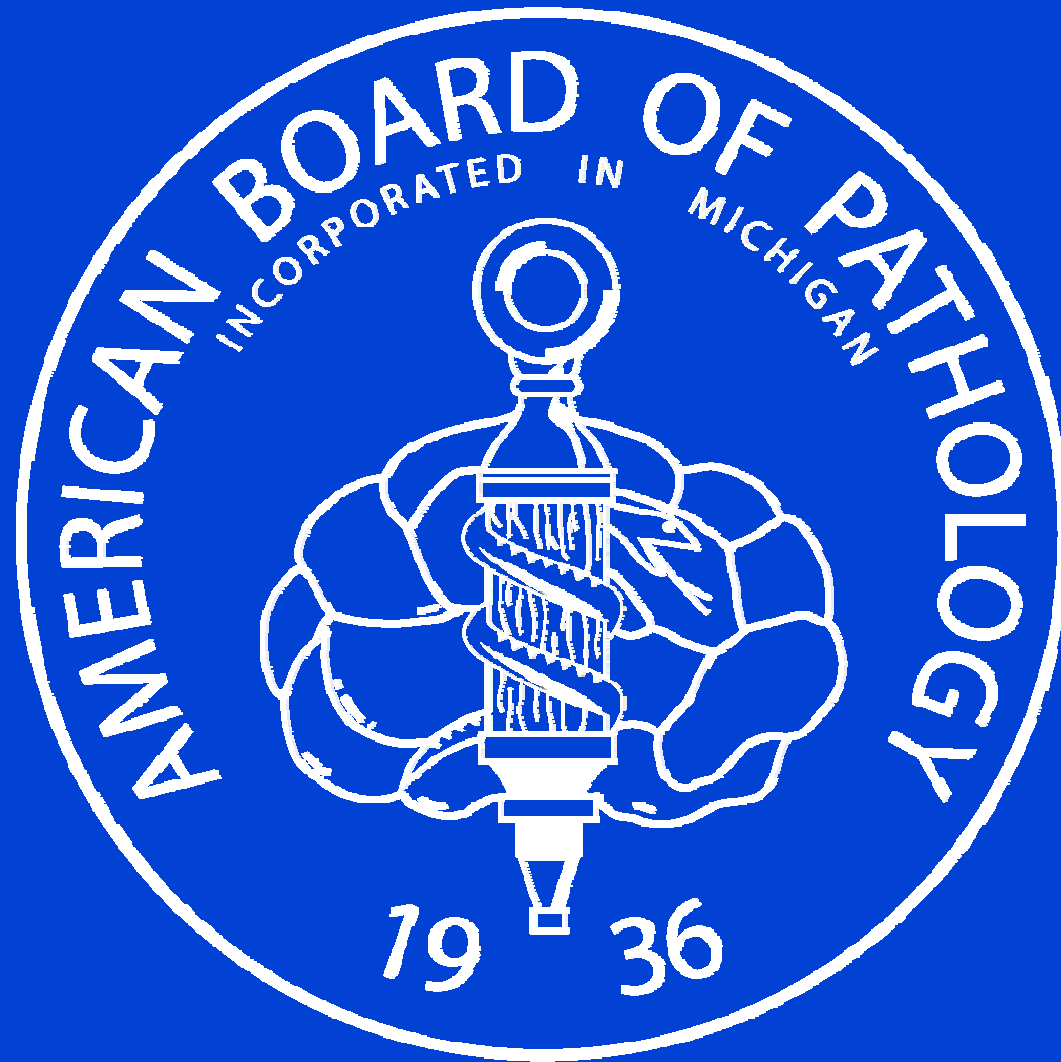
- Mission statement—Diplomates are competent
- Define competence
- Research and assessment, validation
- Template to assess competence
- Peer review of certification
- Collaborative methods of assessment

ABMS & ACGME LIFETIME COMPETENCIES

- MEDICAL KNOWLEDGE
- PATIENT CARE
- INTERPERSONAL & COMMUNICATION SKILLS
- PROFESSIONALISM
- PRACTICE BASED LEARNING & IMPROVEMENT
- SYSTEMS BASED PRACTICE

WHY MOC?

- Public/Payor demands
- Quality of care/patient safety movement
- Others establishing practice standards
 - JCAHO, NCQA, FSMB, State Boards, P4P



ABPath

- 1936 Michigan
- Primary Certification
 - AP/CP, AP, CP
- Subspecialty certification
 - 10
 - ACGME approved fellowship
- Change in training requirements

ABP Cooperating Societies

- ACLPS
- ADASP
- AMA Pathology Section Council
- APC
- ASCP
- CAP
- USCAP

MOC

- ABMS initiative
- All 24 specialty boards
- 2006--Time-limited (10 year) primary and subspecialty certificates
- Participation in MOC process required
- Completed within 8-10 years

ABMS Boards Recertification

1970	Family Medicine	7
1976	Surgery	10
	Thoracic Surgery	10
1980	Emergency Medicine	10
1985	Urology	10
1986	Ob/GYN	6
	Orthopedic Surgery	10
2006	<i>PATHOLOGY</i>	10

MOC Components

- I. Professional Standing
- II. Lifelong Learning & Self-Assessment
- III. Cognitive Expertise (the EXAM!)
- IV. Evaluation of Performance in Practice

Part I--Professional Standing

- Full and unrestricted license
- Restricted license-disqualification
- Must notify ABP of restriction within 60 days

- Documentation of medical staff membership and privileges or
- Description of their practice

Part II--Life Long Learning and Self-Assessment

- 2 year reporting cycle
 - 50 CME
 - 2 self-assessments
- 80% of CME practice specific
- Electronic reporting to ABP

Self-Assessment Programs

- Knowledge in a particular area or review of specific medical literature
- Self administered examination
- 80 % minimum performance level
- Timely feedback required
- Cannot “double-dip”

Part II--Life Long Learning and Self-Assessment

- Content specifications
 - Important advancements, key concepts
 - Basis for CME and self-assessment
 - Prep for MOC exam.
 - Direct MOC test question development
 - Practical”need to know” information, used in daily practice, required for competence
 - Cover all disciplines of pathology

Part III--Cognitive Expertise

- Examination is mandatory
- “Secure” and closed book
- At least once per year
- Taken 8-10 years after initial certification
- Potential 3 year period of qualification

Part III--Cognitive Expertise

- Modular exams related to practice
- Exams will include:
 - Fundamental knowledge
 - Current practice-related knowledge
 - Emphasis on information new to field
 - Practice environment knowledge

Part III--Cognitive Expertise

- As relevant as possible to individual practice
- MOC in:
 - Primary certification- AP/CP, AP only or CP only
 - Subspecialty certification only
 - All previous certification areas

Part III—Exam Myths

- High stakes—Low failure rate
- Irrelevant—Modular
- Not useful—Improves MK, Pt. Care
- Time consuming—Payoff- meet pt and regulatory expectations for quality, accountability, self-regulation

Part IV. Evaluation of Performance in Practice

- Demo to pts, public, profession
 - Safe, effective, pt centered, timely, efficient, equitable health care
- Improve quality of PC
- CI of practice performance
- Evaluate
 - Individual physician performance

Part IV. Evaluation of Performance in Practice

- Attestations as to:
 - Interpersonal and communication skills
 - Professionalism
 - Ethics
 - Effectiveness in systems-based practice

Part IV. Evaluation of Performance in Practice Interpersonal & Communication Skills

- 4th year after certification and at application for exam
- Attestations from:
 - ABP-certified pathologist
 - Senior management (e.g. CMO, COO)
 - Board-certified physician in another specialty
 - Technologist or physician's assistant (360)

Part IV. Evaluation of Performance in Practice Laboratory Accreditation

- Timeline: 8th-10th year with exam application
- Document accreditation status of laboratory

Part IV. Evaluation of Performance in Practice Laboratory Improvement

- Every 2 years after certification
- Documentation to ABP of successful participation in inter-laboratory improvement and quality assurance programs relevant to the practice

Part IV. Evaluation of Performance in Practice Individual Improvement & QA Activity

- Every 2 years after certification
- Documents individual participation in at least one QA program/year relevant to professional activities, or
- Document use of appropriate protocols, outcome measures, & practice guidelines to improve practice

SIX CORE COMPETENCIES IN MEDICAL PRACTICE

- Medical knowledge
- Patient care
- Interpersonal and communication skills
- Professionalism
- Practice-based learning and improvement
- Systems-based practice

MOC EVALUATION ACCORDING TO THE SIX CORE COMPETENCIES

Competencies	Record Review	Checklist	Global Rating of Performance	360	Portfolio/Log	Cognitive Exam
Medical knowledge	X		X	X		X
Patient Care	X	X	X	X		
Interpersonal & Communication skills			X	X		
Professionalism			X	X		
Practice-based learning and Improvement skills	X	X			X	X
System-based Practice	X	X	X	X	X	

Involvement of Specialty Societies in MOC

- ABP --standard setting organization
- Cooperating Societies:
 - CME
 - Self-assessment tools
 - Programs for evaluation of practice performance
 - Verification of satisfactory performance
 - Remedial education programs
 - Content

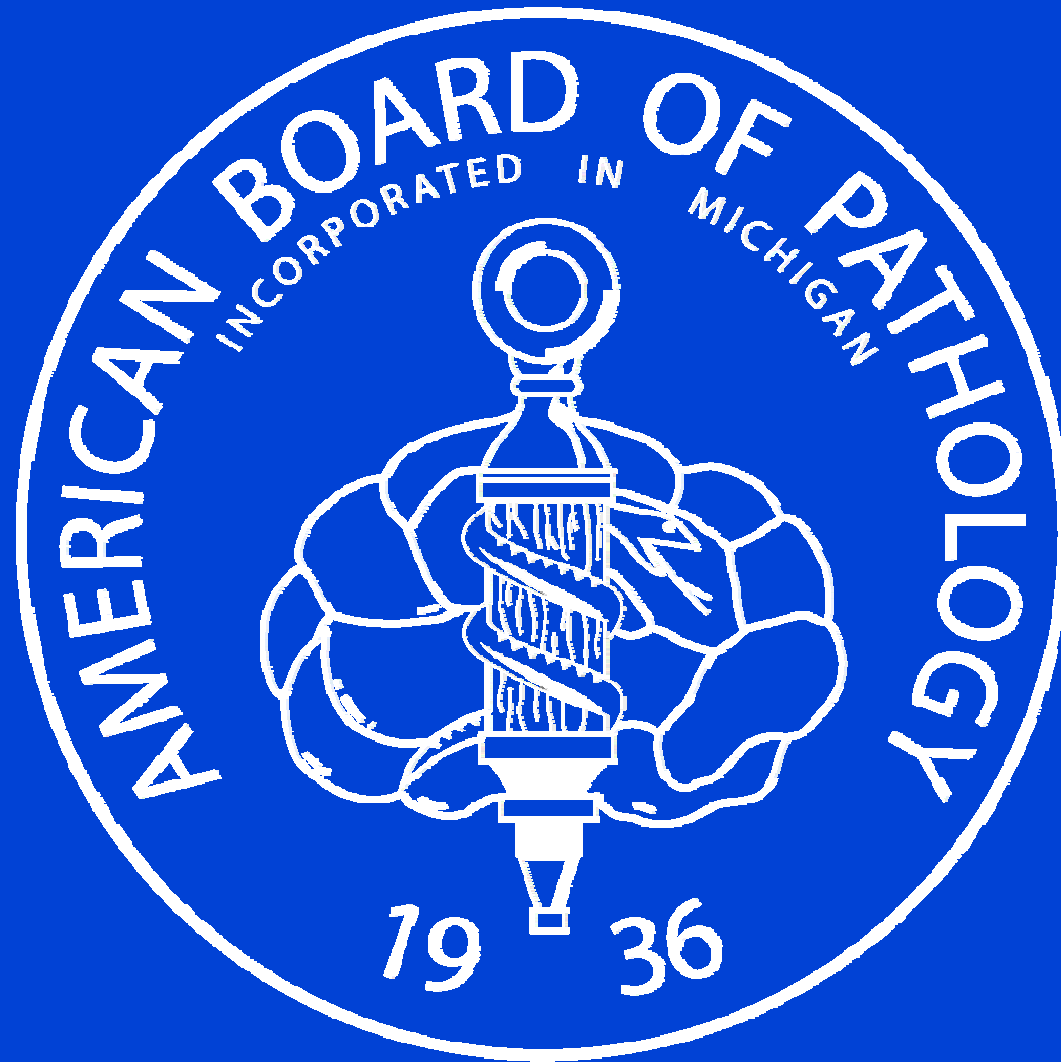
Requirements For MOC Parts I-IV

Part I: Professional Standing

Part II: Life-Long Learning and Self-Assessment

Part III: Cognitive Expertise

Part IV: Evaluation of Performance in Practice



Failure to meet MOC Requirements

- Must participate and demonstrate satisfactory performance in all 4 parts of MOC
- Performance below expectations--plan to improve performance
- Failure?—
 - loss of certification December 31 of 10 yr. anniversary of initial certification

Transition to MOC

- Holders of life-time certificates:
 - Voluntary recertification
 - Participate in MOC
 - Original certificate NOT jeopardized
- Holders of time-limited certificates:
 - Must participate in MOC
- Candidates for initial certification:
 - Must participate in MOC after certification

Voluntary Recertification and MOC

Voluntary Recertification

- 1998 ABMS initiative
- Assessment of individual credentials
- Measure quality of professional practice
- Evaluate basic parameters of practice

Voluntary Recertification

- Diplomates of ABP with non-time-limited certificate
- Recertification certificate dated January 1 of the year following completion of process
- Valid for 10 years
- Expiration--no effect on original certificate

Voluntary Recertification Requirements

- Possess lifetime primary certificate
- Current valid, full, and unrestricted license to practice medicine or osteopathy in US, its territories, or Canada
- Provide a written statement attesting physically and mentally ability to practice pathology

Voluntary Recertification Requirements

- 150 CME credits during the 3 years prior to application
 - 100/150 hours must be Category 1
 - 80/100 Category 1 hours must be directly related to practice
- Verify that primary laboratory or work environment is accredited

Voluntary Recertification Requirements

- Written statement documenting medical staff standing
- References from the head of the department or section chief and from chief of the medical staff
- Demonstrate membership in appropriate professional organizations

Recertification Examination

- Optional, take-home, open-book examination
- Computer based
- May be mandatory if candidate does not fully meet the other requirements

Voluntary Recertification vs MOC

- Requirements differ in degree
 - CME
 - VR – 150 hours in 3 years prior to application; 100 Category 1
 - MOC - 25 hours/yr, all Category 1 AND 1 SA activity/yr for 10 years
 - 80% of CME related to practice

Voluntary Recertification vs MOC

- Practice evaluation
 - VR – licensure, references, laboratory accreditation, medical staff standing, quality of practice assessed by references
 - MOC – licensure, references, laboratory accreditation, inter-laboratory improvement and QA programs, individual improvement and QA programs

Voluntary Recertification vs MOC

- Examination
 - VR – voluntary (unless you practice in Texas), take-home, open-book, combined AP and CP questions
 - MOC – mandatory, secure, closed-book exam, modular

Voluntary Recertification vs MOC

- Consequences
 - VR – failure to meet requirements or decision not to recertify subsequently has no effect on original certification status
 - MOC – failure to meet requirements results in loss of certification