

Understanding Maintenance of Certification (MOC)

American Board of Orthopaedic Surgery
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This presentation is a compilation of basic information on maintenance of certification (MOC). The slides are meant to introduce important topics that will be relevant to Diplomates with either time limited or lifetime certificates. The presentation will address the origin of MOC, the rationale for MOC, the process of signing up for MOC, and the relevance of MOC to maintenance of licensure.

Evolution

- *Certification*
- *Re-certification*
- *Maintenance of certification*

MOC has evolved from the original concept of certification and re-certification. The MOC program is designed to maintain competencies over a 10 year time span. The concept is evolved from the realization that the orthopaedic knowledge base and practice are constantly changing, being updated, and expanding. Many surgeons are performing procedures and diagnostic evaluations in practice that were not taught during their residency training.

ABOS Maintenance of Certification (MOC)

Timeline

- ***1934: ABOS – 1st lifetime certificates***
- ***1986: ABOS initiates recertification***

The temporal history of the ABOS certification process.

ABOS Maintenance of Certification (MOC)

In 1999 the ACGME adopted the “six characteristics of the competent physician”

- 1. Medical Knowledge***
- 2. Patient Care***
- 3. Interpersonal and Communication Skills***
- 4. Professionalism***
- 5. Practice-Based Learning and Improvement***
- 6. Systems-Based Practice***



The Accreditation Council for Graduate Medical Education (ACGME) is responsible for the Accreditation of post-MD medical training programs within the United States. Accreditation is accomplished through a peer review process and is based upon established standards and guidelines. In 1999 the ACGME adopted the six characteristics of the competent physician which were incorporated by the American Board of Medical Specialties, a member Board of the ACGME.

ABOS Maintenance of Certification (MOC)

How is MOC Defined?

“A process designed to document that physician specialists, certified by one of the Member Boards of ABMS, maintain the necessary competencies to provide quality patient care.”

ABMS, 2005

The American Board of Medical Specialties (ABMS) created the concept of maintenance of certification to document that physician specialists, certified by one of the Member Boards of ABMS (of which ABOS is a member), maintain the necessary competencies to provide quality patient care.

ABOS Maintenance of Certification (MOC)

MOC – Four essential components

I. Evidence of Professional Standing

Licensure Status

Admitting Privileges

II. Evidence of Life-long Learning and Self-Assessment

Continuing Medical Education (120 credits Category 1)

Self-Assessment Exams - 20 credits of Category 1 (two cycles in years 1-3 and years 4-6)

III. Evidence of Cognitive Expertise

A Secure Examination - Computer or Oral (taken in years 8-10)

IV. Evaluation of Performance in Practice

Case List Submission

Peer Review

NEW: Practice Improvement Activities (PIM – practice improvement module)

There are four essential components of MOC defined by ABMS: evidence of professional standing, evidence of life-long learning and self-assessment, evidence of cognitive expertise, and evaluation of performance in practice. These components have been adopted by the ABOS and made specific to the practice of orthopaedic surgery.

Note: *Time-limited certificate holders must participate in MOC to maintain certification beyond 10 years. MOC does not change certification status for lifetime certificate holders*

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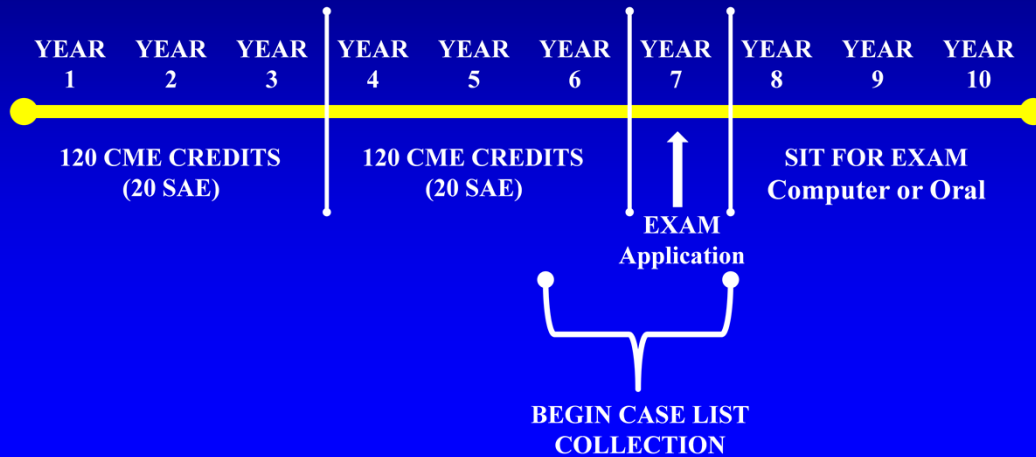
To Participate in MOC:

- *Register with the ABOS (online: www.abos.org)*
- *First 6 years: Complete two 3 year cycles of CME activities (including self assessment)*
- *Between years 7 – 10: Complete the credentialing process, submit case list, and pass the secure examination.*

Participation in MOC is simple. Diplomates with both lifetime and time-limited certificates as well as those not currently doing surgery can sign up by registering on line. MOC is completed on a 10 year timeline. The requirements are also simple: in the first 6 years the Diplomat will complete two 3 year cycles with 120 credits of CME activities (including 20 self assessment credits). Between years 7 – 10, the Diplomat will complete the credentialing process, submit a case list, and pass the secure examination.

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MOC Timeline – 10 Year Cycle



120 CME credits with at least 20 self-assessment credits are required in both years 1-3 and years 3-6. Case collection for the case list must be done within 2 years of taking secure examination. A 3 month case list is required for the oral exam, and a 6 month case list for the written exam. The earliest possible date to apply for the secure examination is 3 years prior to expiration of certification for time-limited certificate holders, or at any time for lifetime certificate holders. The secure exam is then taken in years 8-10.

Preparation for the secure examination

- *You may apply up to 3 years prior to expiration of your certificate (or at any time if you have a certificate that is not time limited)*
- *You may opt for an oral exam or a computer administered exam*
- *The secure exam tests practical orthopaedic knowledge relevant to practice.*

Written exam options – 4 options

- *Option 1: General Clinical Examination*
- *Option 2: Practice Profiled Examinations*
 - *Adult Reconstruction*
 - *Surgery of the Spine.*
- *Option 3: Combined Hand Examination*
- *Option 4: Combined Sports Medicine Examination*

General Clinical Examination

This examination is an approximately 200 question, multiple choice examination. Four hours of writing time is allowed to complete the examination. The questions cover general, clinical material that all orthopaedists should know, regardless of their area of expertise. It is taken on an IBM compatible computer at Prometric Technology Centers. Candidates may pick anytime during the months of March and April that the sites are operational and have availability.

Practice Profiled Examinations

The Practice Profiled Recertification examinations will be offered in two subspecialty areas. They are Adult Reconstruction and Surgery of the Spine. Each examination will consist of approximately 40% general clinical questions and 60% clinical questions in the chosen subspecialty area. These examinations are administered on IBM compatible computers at Prometric Technology Centers. Candidates may pick anytime during the months of March and April that the sites are operational and have availability.

Combined Hand Examination

This pathway is available only to candidates who hold a CAQ in Surgery of the Hand. This gives them the opportunity to renew both their general orthopaedic and CAQ in hand surgery with one examination. This combined computer-based

examination consisting of approximately 160 CAQ-Hand Surgery questions and 80 general orthopaedic surgery questions. This examination is administered on IBM compatible computers at Prometric Technology Centers. Five hours of writing time are allowed to complete the examination. Candidates may pick any time during Sept 9-21, 2013. The examination includes questions designed to evaluate the candidate's cognitive knowledge of clinical surgery of the hand and basic science relevant to surgery of the hand. The general questions cover clinical material that all orthopaedists should know, regardless of their area of expertise.

Combined Sports Medicine Examination

This pathway is available only to candidates who hold a Subspecialty Certificate in Orthopaedic Sports Medicine. This gives them the opportunity to renew both their general orthopaedic and subspecialty certificate in orthopaedic sports medicine with one examination. This combined computer-based examination consisting of approximately 120 Sports Medicine questions and 80 general orthopaedic surgery questions. This examination is administered on IBM compatible computers at Prometric Technology Centers. Four hours of writing time are allowed to complete the examination. Candidates may pick any time during October 24 - November 7, 2013. The examination includes questions designed to evaluate the candidate's cognitive knowledge of clinical surgery of sports medicine and basic science relevant to surgery of sports medicine. The general questions cover clinical material that all orthopaedists should know, regardless of their area of expertise.

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Oral exam option

The oral exam is practice based. 10 cases are selected by the ABOS from a list of all operative cases for a six-month period within the two years prior to the examination submitted by the Diplomate. Specific skills that are evaluated are data gathering, diagnosis and interpretive skills, treatment plan, technical skill, outcomes, and applied knowledge.

The practice-based oral for recertification consists of an examination based on the candidate's practice and is given every July. The candidate compiles a list of all operative cases for a six-month period within the two years prior to the examination. The candidate must submit the case list to the Board office. The Board will choose a total of 10 to present at the examination and brings all pertinent materials for those cases he/she has chosen. The examination is approximately two hours, divided into three 35 minute periods with two examiners in each period. Examiners ask questions on the cases presented and on the candidate's case lists. Specific skills that are evaluated are data gathering, diagnosis and Interpretive skills, treatment plan, technical skill, outcomes, and applied knowledge.

ABOS Maintenance of Certification (MOC)

Why is MOC participation important?



ABOS Maintenance of Certification (MOC)

- *Public Interest (Safety)*
- *Professionalism*

Maintenance of certification is important because it is a part of professionalism and it serves the public interest by documenting commitment to quality and safe practice within the orthopaedic specialty.

ABOS Maintenance of Certification (MOC)

Professionals (law, clergy, medicine) have been given the latitude to self-regulate by society.

Professionals are among the few in society that are given the latitude and responsibility to self regulate.

ABOS Maintenance of Certification (MOC)

Hospitals, Health Systems, Insurers, the Joint Commission, and State Medical Boards, are beginning to publish and in some cases require MOC participation.



Because professionals self regulate, local credentialing agencies for hospitals, payers, commissions such as the Joint Commission , and even State Medical Boards look to specialty Boards to provide evidence of quality in practice. As a result, these groups and others are beginning to publish and in some cases require MOC participation.

For example, ABMS will begin publishing a list of MD's participating in MOC on their web page in August 2012.



For example, ABMS (the American Board of Medical Specialties, the umbrella organization of which ABOS is a member Board) has made an independent decision to begin publishing a list of MD's participating in MOC on their web page in August 2012.

ABOS Maintenance of Certification (MOC)

Potential implications (region specific):

- *patient safety*
- *restriction of practice*
- *recognition of surgeons' quality efforts already in practice*
- *reimbursement*

The wider recognition of the MOC concept, and use of the terminology by the public, payers, and local certifying bodies underscores the growing belief among these groups that MOC benefits patient safety. The implication of this recognition is that in some locations, participation in MOC may be required to obtain credentialing for hospital privileges, payment, or participation in other patient care activities. The good news for orthopaedic surgeons is that our profession provides a robust array of activities for which MOC credit can be given. Thus, in many cases participation in MOC provides a more formal recognition of the time and effort that many orthopaedic surgeons are already exerting toward quality and safety in orthopaedic practice.

ABOS Maintenance of Certification (MOC)

Note: There is an evolving relationship between certification and licensure!

Maintenance of Licensure Framework

As a condition of license renewal, physicians should provide evidence of participating in a program of professional development and lifelong learning that is based on the general competencies model:

- medical knowledge
- patient care
- interpersonal and communication skills
- practice based learning
- professionalism
- systems based practice

Federation of
**STATE
MEDICAL
BOARDS**

www.fsmb.org

Another important note is that there exists an evolving relationship between certification provided by the professional Boards such as the ABOS, and licensure to practice provided by the State Medical Boards. As the chart on this slide demonstrates, the framework for maintenance of licensure almost identically mirrors the framework for maintenance of certification created by the ACGME. This similarity provides the possibility for the MOC framework created by the professional organizations such as the ABOS to meet the requirements of maintenance of licensure with a program that is specialty specific rather than generic to all medical practice.

ABOS Maintenance of Certification (MOC)

Certification is a professional
function.

Licensure is a government
function.

Keep in mind the important distinction that certification is a professional function, and licensure is a government function.

*The **ABOS** goal is that certification will provide a specialty specific pathway to meet requirements of licensure for both lifetime and time limited certificate holders.*

The ABOS goal is that certification will provide a specialty specific pathway to meet requirements of licensure.

“Lifetime Certification”

- *The lifetime certificate will remain valid with or without MOC.*
- *...but there may well be instances in which these certificate holders choose to “participate in MOC.”*

MOC does not change the status of a lifetime certificate holder. The lifetime certificate remains valid with or without participation in MOC. A lifetime certificate holder may choose whether or not to participate in MOC. Due to the regional variables in licensure and local credentialing, there may well be instances in which these certificate holders choose to participate in MOC.

Lifetime certificate holders:

- 1. If there is no pressure in your area to participate in MOC, **no change is needed.***
- 2. However....if you need to participate in MOC because of your local regulatory environment or because of patient care implications, **the ABOS provides a welcoming pathway.***
- 3. Your certification **does not become time limited:** you will either be “certified and not participating in MOC” or “certified and participating in MOC.”*

In summary, if you have a time limited certification you must participate in MOC to maintain a license beyond 10 years. If you are a lifetime certificate holder, and If there is no pressure in your area to participate in MOC, no change is needed. However....if you need to participate in MOC because of your local regulatory environment or because of patient care implications, the ABOS provides a welcoming pathway. As a lifetime certificate holder, your certification does not become time limited: you will either be “certified and not participating in MOC” or “certified and participating in MOC.”

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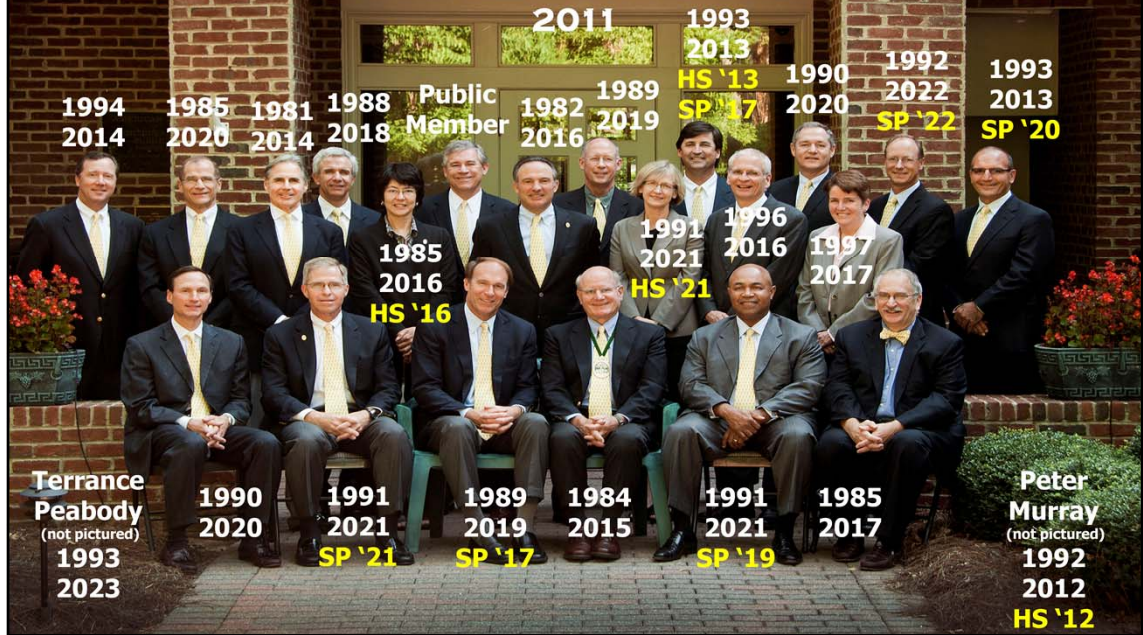
To get started –

- *go to **www.abos.org**, click on the blue star on the top right of the page, and follow the MOC instructions*
- *or call the ABOS at 919/929-7103*



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AMERICAN BOARD OF ORTHOPAEDIC SURGERY
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Common acronyms:

- *ABMS – American Board of Medical Specialties*
- *ABOS – American Board of Orthopaedic Surgery*
- *ACGME - Accreditation Council for Graduate Medical Education*
- *CME – Continuing medical education*
- *MOC – Maintenance of Certification (Professional function)*
- *MOL – Maintenance of Licensure (State function)*
- *PIM – Practice Improvement Module (part of MOC)*
- *SAE – Self-assessment examination*



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