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.
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.
The temporal history of the ABOS certification process.

**Timeline**

- **1934**: ABOS – 1st lifetime certificates
- **1986**: ABOS initiates recertification
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.
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, maintain the necessary competencies to provide quality patient care.
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.
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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 online. MOC is completed on a 10 year timeline. The requirements are also simple: in the first 6 years the Diplomate will complete two 3 year cycles with 120 credits of CME activities (including 20 self assessment credits). Between years 7 – 10, the Diplomate will complete the credentialing process, submit a case list, and pass the secure examination.
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.
ABOS Maintenance of Certification (MOC)

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**

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**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.
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 submitted by the Diplomate. Specific skills that are evaluated are data gathering, diagnosis and interpretive skills, treatment plan, technical skill, outcomes, and applied knowledge.
Why is MOC participation important?
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.
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.
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.
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.
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.**
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.
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.

3. Your certification does not become time limited: you will either be “certified and not participating in MOC” or “certified and participating in MOC.”
ABOS Maintenance of Certification (MOC)

To get started –

• **go to** [www.abos.org](http://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
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