

ABOS Maintenance of Certification (MOC) Process

Q7 Other Comments to make the MOC process more relevant to your practice.

Answered: 224 Skipped: 388

#	Responses	Date
1	Written exam some of the questions were not appropriate for generalist. Especially in hand.	8/10/2016 6:41 PM
2	Assume case collection or case conference was more easily organized and random - this would be best and could be ongoing. MORE IMPORTANTLY - such a method could actually improve behavior/care real time and result in a measurable societal good	7/26/2016 3:53 PM
3	The process was to time consuming a onerous. The testing did not reflect my current practice.	7/24/2016 1:35 PM
4	Too many questions in exam for allotted time	7/10/2016 6:59 AM
5	clinic eval/surgery eval more relevant than a generic test ; it is exceptionally expensive to do the MOC. There are other specialities who have gone to a more normal, controlled MOC	7/5/2016 8:43 PM
6	not very meaningful to the practitioner's true knowledge	7/5/2016 12:52 PM
7	aergtrwr4tertwer	7/5/2016 9:02 AM
8	Get away from expensive time consuming exams!	7/3/2016 4:58 AM
9	Although I have completed MOC successfully, it is so stressful, costly and disruptive to my practice that it will be one of my top reasons to retire early	6/29/2016 5:31 PM
10	ask colleagues, visit practice	6/28/2016 4:20 PM
11	Emphasize patient safety, harm prevention, effective communication, VTE and infection prevention and ethics. The general computer exam questions last year were inane.	6/28/2016 3:29 PM
12	eliminate MOC	6/28/2016 2:06 PM
13	Need more specialty specific such as oncology	6/28/2016 1:11 PM
14	I have not re-certified so cannot make any statements regarding the fairness of the examination	6/28/2016 11:06 AM
15	Make the oral exam less antagonistic and use examiners who have better experience regarding examining candidates	6/28/2016 10:14 AM
16	120 hours is onerous enough. Cost of MOC is excessive.	6/28/2016 7:51 AM
17	needs to be more "real time" currently seems expensive	6/28/2016 6:54 AM
18	Question 2 is vague and I did not want to / know how to answer it. Please throw my answer out.	6/28/2016 5:43 AM
19	Less burdensome, lower number of hours of CME and self assessment	6/28/2016 4:52 AM
20	Waste of money and time	6/28/2016 4:46 AM
21	Do away with it all together.	6/28/2016 4:19 AM
22	Application process for exam expensive and time consuming.	6/27/2016 10:03 PM
23	Current process is onerous waste of time. I also think the transition with the CAQ IN SPORTS WAS VERY UNFAIRLY INSTITUTED. I was recertification during that time period and would have been required to go through both the board recert and CAQ in the same period. I was unable to do so, and now even though I completed a fellowship and have been in practice 18 years I cannot get the CAQ. Very poorly instituted.	6/27/2016 8:41 PM
24	Too many years of CME	6/27/2016 8:18 PM
25	The written test is too accede mic focusing mostly on rare things not common everyday Ortho. Needs to test more clinical judgement	6/27/2016 7:22 PM
26	i'm a subspecialty (UE/hand) within a subspecialty (peds ortho) - many academicians end up in small niches like this - don't do enough adult hand to feel up to date on adult hand, don't do enough of the other peds (spine, hip, LE, foot) to feel great about doing the peds ortho test either.	6/27/2016 7:15 PM
27	I have no argument with the concept of MOC, but the current form has not demonstrated any improvement in care or diminution in complications.	6/27/2016 6:54 PM

ABOS Maintenance of Certification (MOC) Process

28	Eliminating the exams,case collections,hospital verifications. These are burdensome and irrelevant. The MOC process has evolved into nothing more than a overreaction to the media and a sinking public opinion of medical practice in general. Spend more of your time,as we should ours, on public education, counter arguments based on outcome data and our primary objective of providing conscousable care. education	6/27/2016 6:47 PM
29	I like the idea of colleague query but can be a bit like professiona/peer letter of reference. Those can be jaded because you don't want to tick someone off	6/27/2016 6:47 PM
30	Many questions were not relevant to my practice! If you are going to expect me to turn in case collection, the questions should relate to them. for example, why ask questions about treatment of spine problems if you don't treat spines?	6/27/2016 6:38 PM
31	Larger collection of specialty specific SAEs	6/27/2016 6:23 PM
32	Mandatory reexams are stupid and more or less usless and prohibitably expensive due to prep and time lost.	6/27/2016 6:14 PM
33	eliminate it, it serves no worthwhile purpose	6/27/2016 5:56 PM
34	Board certif and cme requirements way more that we have to do to be certified	6/27/2016 4:39 PM
35	The MOC process is expensive, time-consuming and onerous.	6/27/2016 4:01 PM
36	After 25 hrs of practice MOC is not relevant	6/27/2016 3:51 PM
37	I enjoy CME and self assessment very much and one of the most important aspects that keep me current. I feel the MOC is out of date and that a large percentage of us "cram" before the test as opposed to yearly CME.	6/27/2016 3:41 PM
38	delete the MOC process	6/27/2016 3:39 PM
39	I dont think we need more CME instead of the written, just get rid of it	6/27/2016 3:27 PM
40	I do only pediatrics. The exams are irrelevant to my practice.	6/27/2016 3:18 PM
41	increased CME allows me to add knowledge in areas relevant to my practice. My practice may not be represented by an exam aimed at a national "average".	6/23/2016 5:57 AM
42	The application process is both confusing and unduly onerous. That is the biggest grievance I have with the current MOC.	6/22/2016 3:36 PM
43	none	6/21/2016 9:14 PM
44	Horrible MOC experience. I took the ABOS recertification exam this year, 2016, and there's been no sense of urgency on the part of the board to issue exam results, it's been weeks and we are all still waiting.	6/21/2016 12:31 PM
45	Make MOC based on CME. Stop with exams every 10 years.	6/21/2016 11:11 AM
46	How about an Emeritus classification for Board Cerified Orthopedic Surgeons who have been in practice over 30 years and recertified over 3 times?	6/21/2016 11:10 AM
47	choose the Oklahoma model and scrap this onerous time consuming expensive and non-beneficial practice	6/21/2016 10:21 AM
48	Customized tests based on top 10 topic subgrouping of questions related to our practice	6/21/2016 9:31 AM
49	Get rid of MOC!! It is very onerous and costly and while continuing education and SELF-assessment are valuable the rest of the steps are not. Has this complete process ever been shown to improve care?	6/21/2016 9:11 AM
50	Self assessment should be apparent, continue General pathway	6/15/2016 7:43 PM
51	Develop more specialty specific exams	6/15/2016 7:19 AM
52	There should be no "Grandfather" clause for anyone practicing Orthopaedic Surgery in the US. The older surgeons are the ones who most need to have their clinical skills assessed, and maintained in the face of changing world of orthopaedics.	6/15/2016 4:52 AM
53	less stringent on timing the written. not enough time	6/13/2016 8:12 PM
54	third time results in lifetime certification	6/13/2016 7:34 AM
55	Ridiculous amount of tedious paperwork. Also OUTRAGOUS cost!!! I feel like I'm being extorted.	6/10/2016 11:37 AM
56	I couldn't answer the queries about the tests as I have not taken the test yet.	6/9/2016 8:50 PM
57	I always seem to pick up tidbits of useful information on review for the exam, but it is from less than 40% of the material. It is interesting to see developments in areas which are irrelive	6/9/2016 2:36 PM
58	It need to be less expensive. The man hours required to gather information needs to be simplified and reduced.	6/8/2016 7:13 PM

ABOS Maintenance of Certification (MOC) Process

59	I still don't understand why the ABOS insists on an exam every 10 years for only a portion of the surgeons. If it was so important wouldn't everyone need to take it?	6/8/2016 5:29 PM
60	much better to do daily questions or SAE	6/8/2016 5:10 PM
61	Credit for all of the talks I give, editorial board for Journal of Arthroscopy, teaching at the OLC, teaching a sports medicine fellow at the Montana Family Practice Residency, etc. Some of this is starting to happen but these real world teaching and learning experiences are more valuable than the "scored and recorded" sometimes esoteric tests required. I receive way more CMEs than I need anyways. Also, like most people, I regularly read four or five different journals to keep up but receive no CME credit for that.	6/8/2016 4:56 PM
62	I'm subspecialized in foot and ankle so the exam is not applicable	6/8/2016 4:52 PM
63	Simplify and make clear. I suggest the same requirements for each year of the process. Make one meeting or course mandatory each year.	6/8/2016 4:33 PM
64	It needs to be streamlined. Easier record keeping. Too many cycles. Too many steps involving too much secretarial work, money, and time wasted away from practice. More time on education and learning with less time on data entry and record keeping.	6/8/2016 4:28 PM
65	It was virtually impossible without calling the ABOS several times to know what was needed. The ABOS staff was helpful.	6/8/2016 4:13 PM
66	CME, self assesment exams work best. Self assessment exam spread over 10 years would be most relevant.	6/8/2016 3:41 PM
67	It is difficult in a rural setting to find enough colleagues to fulfill the colleague review requirements. I practice 110 miles from the closest orthopedic practice.	6/8/2016 2:25 PM
68	The written exam is not clinically relevant for a general ortho surgeon. Questions are developed by academic surgeons not practicing in the community. I don't treat complex pediatric problems or spine problems but know when to refer. Simarly with hand issues for example. Testing me on things I don't see in practice or have not seen in 20 years doesn't help me, the patient or the profession.	6/8/2016 1:37 PM
69	I have been suspicious of MOC ever since I saw the trademark symbol associated with it	6/8/2016 8:24 AM
70	I would rec. a better computer program for the exam. With the time limit, it was difficult to navigate between the xrays, tests, etc.. with the program used for the test. But I really enjoyed the computer version vs written/paper version.	6/8/2016 5:36 AM
71	It is essentially impossible to make a bureaucratically driven process like the MOC pertinent to most modern practices, where the needed knowledge and competencies are highly dependent on the specific mix of associates and the specific division of responsibilities unique to most large practices	6/8/2016 5:20 AM
72	hopefully you will fix this process rather than sit in a room and add layers of nonsense just because everyone wants to add another thought to a process that is broken, start over and look at how we have learned and keep up our skills not more wasted time on tests as we are all great test takers, reward us to show we are active learners not relying upon the same skills that a hs junior needs: ie how to take standardized tests. while i respect the work anf hours that go into the test to make it fair, the hoops that i need to go through are getting arduous, and you are losing the inteneded result to the process rather than making the process an educational one it is felt by many to be punitive, locked in a room and asking to go to the bathroom for which we feel like we are in lock up is just one of the many issues, I could go on but youve heard it all, most of allthanks for asking about this	6/7/2016 9:12 PM
73	I don't feel I'm retaining much when I'm just trying to satisfy some credit requiremtns	6/7/2016 7:03 PM
74	Don't know how to make it more relevant. My board certification expires at the end of 2017.I will be nearly 63 years old. I will have already passed the board exam three times. On January 1,2018,I no longer will be board certified. If I can still be employed, I may continue working. If not, that will end my career as an orthopedic surgeon.	6/7/2016 4:09 PM
75	memorization of esoteric, clinically meaningless crap is not relevant	6/7/2016 4:03 PM
76	The problem with the exam is that it is too general. The exam fails to consider the fact that increasing specialization currently dominates orthopedic practice BUT the exam does not reflect this trend. The exam should be based on a self-declared area of specialization. As it is, much of the exam tests knowledge gained in cramming for 3 months and then forgotten within 3 days after the exam.	6/7/2016 3:19 PM
77	retired	6/7/2016 3:13 PM
78	Specialty specific written exams for more than just hand and sports--need for peds, spine, joints indiv exams, etc as our practices are very specialized.	6/7/2016 2:01 PM
79	I don't believe the test is necessary. Attorneys don't have one!	6/7/2016 1:49 PM
80	Drop need for general ortho recent when already CAQSH certified.	6/7/2016 1:48 PM

ABOS Maintenance of Certification (MOC) Process

81	CME credits and self assessment exams make more sense to the practicing hand surgeon, or any other subspecialty surgeon. It does not make sense to take a general ORTHO exam when this is clearly irrelevant to practice. It also appears that MOC and Board certification seems to be a money making scheme for the ABOS. At least that is the appearance. Perhaps more transparency would be useful to have members be more supportive of this process. At this point, I'm not sure what the thousands of dollars I spend for the ABOS actually buys me. I am required to take the MOC to maintain board certification by the ABOS only. Hospitals require board certification and proof of CME credits, but no MOC documentation.	6/7/2016 1:38 PM
82	Still no practical method for some sub-specialties. The rate of failure is too high for oral exams, but there is no written exam exclusively for pediatric orthopaedics.	6/7/2016 12:43 PM
83	The threats are in appropriate	6/7/2016 12:30 PM
84	I have no plans to fulfill requirement to document MOC. I will of course maintain my learning but it is wrong to have ABOS take name off the list of re-certified doctors simply because we fail to document continued MOC	6/7/2016 12:11 PM
85	Do not need to increase cme / self assessment.....just eliminate exam and expenses	6/7/2016 12:00 PM
86	Very expensive and time consuming to take review course in general orthopedics , study for general exam that is not relevant to my practice	6/7/2016 11:49 AM
87	The questions on the MOC written exam are limited in scope and often a year or two behind the newer science.	6/7/2016 11:45 AM
88	MOC process seems like a financial factory for the AAOS and ABOS since it costs so much to do all the requisites.	6/7/2016 11:43 AM
89	Increased exam requirements will force me to give up my license, only adding to the number of retired physicians	6/7/2016 11:42 AM
90	The MOC is a cash making enterprise, that self perpetuates and yet has no bearing or relevance to the maintenance of skills, knowledge or good clinical practice. At this point the MOC process seems to be a profit oriented company preying on those that it pretends to advocate for. In my opinion the MOC process will become superfluous and competency will be judged in other ways. Note the above rank list is useless. I would rank all the activities as equally onerous and not valuable in the maintenance of highly competent surgeons.	6/7/2016 11:40 AM
91	Take 20-30 quality articles every year. Have cme on these, open book and submit answers. Rather than our process. I think OB/GYN has this process.	6/7/2016 7:26 AM
92	exam and case collection is worthless. cme and self assessment exams are the best way to stay up to date. current moc system is terrible.	6/6/2016 4:11 PM
93	EXCESSIVELY ONEROUS WITH CASE LIST. DO WE HAVE BETTER OUTCOMES WITH FEWER COMPLICATIONS WITH MOC? HAS ANYONE EVEN LOOKED AT THAT?	6/5/2016 9:49 AM
94	Case collection is truly the only part that is time demanding and a distraction.	6/5/2016 8:57 AM
95	"high stakes exams" every 10 years do not contribute to improved patient care.	6/5/2016 6:15 AM
96	The purpose of the exam is to make money. No other published reason	6/4/2016 9:05 AM
97	practice changes with time- eliminate sections reflective of new practice patterns over time	6/3/2016 11:38 PM
98	We should be required to attend specialty specific courses	6/3/2016 7:46 PM
99	Administration has no idea about clinical competency--introduces either a worthless rubber stamp or political gamesmanship to the process	6/3/2016 1:10 PM
100	The cost is close to 20k to revert.	6/3/2016 12:23 PM
101	more specialty exams	6/3/2016 11:30 AM
102	specialty specific	6/3/2016 11:10 AM
103	I disagree that more CME/exam time is required in lieu of the written test and case collection. One should only need to demonstrate continued learning. These added requirements after fellowship are intrusive, very time consuming and have never added to my quality as a surgeon. As one of the AANA instructors at the learning center, my true continued education occurs with the courses I attend, my discussions with the other surgeons present, my self assessment sports medicine exams I take and the voluminous reading I do for my specialty. These recert requirements are worthless to my continued development as a surgeon. But they do make someone a lot of money!	6/3/2016 10:56 AM
104	Decrease the time and EXPENSE	6/3/2016 10:55 AM
105	Where applicable if a written can serve to recertification in Orthopedics and CAQ in sub specialty why can't oral pathway do same since the candidate declares his/her sub specialty. For example hand or sports	6/3/2016 10:25 AM
106	Scored CME are just another way of societies to bleed you for more money	6/3/2016 9:41 AM

ABOS Maintenance of Certification (MOC) Process

107	In the current format MOC only requires that I must duplicate efforts already required elsewhere and pay for the privilege of doing so. MOC is a total waste of time adding nothing of value.	6/3/2016 8:56 AM
108	My secretary could do my CME, it does not reflect performance. Some people think it sufficient because it is easy.	6/3/2016 8:50 AM
109	As an aside, several colleagues have opted to retire rather than do this process " one more time"	6/3/2016 3:01 AM
110	Just completed 10 year cycle and exam...onerous, expensive, but necessary	6/2/2016 7:50 PM
111	Academic teaching (residents and fellows) is more relevant than non specialty specific vague exams that questions conditions never seen in specialty practise.	6/2/2016 7:35 PM
112	Review courses and exam fees are expensive	6/2/2016 6:08 PM
113	if one passes the recert twice, the odds of passing the 3rd one is 100%. Why waste our time taking a 3rd test	6/2/2016 5:54 PM
114	Written and oral testing have absolutely NOTHING to do with my clinical practice. TOTAL waste of my time and money!!!!!!!!!!!!	6/2/2016 5:52 PM
115	More Case Collection	6/2/2016 4:30 PM
116	there should be "virtual Oral" option--I load some cases and someone reviews and says "your safe and effective". Instead of written or Oral. Much better to protect public than a multiple choice exam, and much better measure of what we actually do	6/2/2016 3:17 PM
117	Education of other surgeons	6/2/2016 2:45 PM
118	i am 59 years old - basic science and tumor slides are something i haven't done or studied since i took my last recert exam.	6/2/2016 2:41 PM
119	Collect cases for 3 months or 75 cases and then create individualized written questions that reflect what we actually see in our practice	6/2/2016 2:38 PM
120	in PA we are required to produce significant CME's biannually for license renewal. This should be sufficient	6/2/2016 2:30 PM
121	The focus should be on continuing education that is more convenient and is easier accomplished while maintaining a busy clinical practice. The process should be much more education focused rather than appearing like a money grab by our national organizations.	6/2/2016 2:25 PM
122	I have just completed the Application for Recert. It is time consuming and expensive and does not really achieve the goals. I have taken the Recert Exam twice already. I t does not test you on clinically relevant info for what you do each day and how you deliver care. I think there should be a requirement for CME hours and perhaps completing some self assessmnet exams would be adequate. Current system does not achieve the goals and as usual was put in place by "Academic/Administrators" that failed to grasp a measurement of quality and competence.	6/2/2016 2:14 PM
123	oral discussion-specialty specific regarding current best practice issues	6/1/2016 11:06 AM
124	The MOC has become a political tool. If it determines whether you can renew your state license, then there will be some who can no longer practice medicine.I wrote 2000 words at the end of my last recertication exam (Sept 2015) as suggestions for remodeling the process. At the end of the note, I was then and only then informed I could write only just over a 1000 words. To "edit", everything was deleted. My first thought: I am not surprised; the ABOS is really not interested in what we think.	6/1/2016 8:18 AM
125	I am considering not re certifying for a fourth time.	5/5/2016 10:58 AM
126	State bar examiners for the field of law have an excellent model to follow.	4/23/2016 4:52 PM
127	Current status of MOC ONLY benefits the academic leaders and allows them to feel like they are doing something. It does absolutly nothing for those in private practice actually trying to work and survice this poor medical climate.	4/19/2016 9:20 PM
128	Sub-specialty specific	4/7/2016 10:44 PM
129	Spine Specialty?	4/5/2016 2:45 PM
130	The collection of cases &data is very ownerous	4/2/2016 11:35 AM
131	It is overly expensive and time consuming	4/2/2016 10:41 AM
132	The exam is currently ridiculous. There is so much that should not be on there that it would take pages.	4/2/2016 4:47 AM
133	Currently, the MOC lacks an evidence base to support it in its present form. The whole process needs to rethought using evidence based techniques to both ensure competence and educate physicians. Currently, the MOC self assessment is the best format for to both ensure competence and educate physicians	3/31/2016 1:53 PM
134	test on evidence based recommendations from AAOS	3/31/2016 6:25 AM

ABOS Maintenance of Certification (MOC) Process

135	Could an Emeritus status be considered for Fellows who voluntarily move to a non-surgical office based practice as part of their retirement strategy?	3/30/2016 10:44 AM
136	tedious to find the time to upload the hours	3/29/2016 8:49 PM
137	Less emphasis on obscure facts.	3/28/2016 9:18 PM
138	More thought needs to be given to the general orthopedic surgeon who does not do spine or maybe other sub specialty areas.	3/28/2016 12:21 PM
139	I have a limited practice limit to basic general ortho and my speciality	3/28/2016 10:27 AM
140	MOC is an expensive and inconvenient process and takes away from time from focused studies relevant to an individual orthopedic practice. Continuing CME and monitoring hospital privileges and malpractice activity would be a more effective and accurate way for the ABOS to determine if an orthopedic surgeon is staying prepared for each individual practice. The SAE and 10 year tests are an expensive nuisance. If the current MOC process continues, at least give lifetime ABOS certification after an individual passes 2 or 3 recertification tests!	3/28/2016 7:17 AM
141	Test questions tend to be increasingly esoteric and clinically irrelevant ; i. e. questions relating genomic relationship to esoteric conditions	3/27/2016 9:03 PM
142	Extremely costly	3/27/2016 8:20 PM
143	taking the test in a prometric testing center is degrading	3/27/2016 5:53 PM
144	obscure questions on the MOC written exam are pointless. I would rather write up a summary of what I learned in the CME courses, than take the self assessment exams, or any exams for that matter.	3/27/2016 4:23 PM
145	So time consuming it detracts from clinical practice. Increasing the CME and decreasing case collection and length of written exam make most sense in adding time-benefit to surgeons practices	3/27/2016 12:10 PM
146	It is difficult to know. CMEs alone should do it.	3/27/2016 7:27 AM
147	I will simply retire early & forego another Academy moneymaking, timewasting process...	3/26/2016 9:42 PM
148	I believe it is unfair that orthopedic surgeons who have been in practice for greater than a certain period of time do not have to take the oral or written recertification exam to continue to be board certified. The every 10 year written or oral examinations are not specialty specific enough for many surgeons especially in metropolitan areas, who have done fellowships, and practice in a very narrow/specialized field. The general recert. board prep. is very costly financially with the time taken off to study and take the exam, takes time away from the family as well. Others with professional degrees such as lawyers do not have to fully take the bar every 10 years but have to do continuing education and I believe this is more appropriate in medicine as well. I believe if the every 10 year written pathway continues, one should be able to take fully specialty specific tests as desired so the studying/exams are more relevant to their practice.	3/26/2016 3:04 PM
149	Needs to be less onerous, less expensive and more relevant...just as implied by the questions above. The current MOC process does nothing to "improve" patient care.	3/26/2016 2:53 PM
150	The exam should be subspecialty specific. I am a 64-year-old pediatric orthopaedist asked to answer questions about reverse total shoulders. Illogical.	3/26/2016 2:17 PM
151	The process is not relevant to my practice. We should be allowed to concentrate on areas that are specific to our practices.	3/26/2016 2:07 PM
152	MOC should apply to either ALL ACTIVE Orthopedics surgeons or none. Grandfathering exception has no arguable basis for existence except to those who dare not challenge their orthopedic knowledge.	3/26/2016 11:58 AM
153	My MOC expires December 2017. After 33 years of practice, I find the recertification process too burdensome to go through. I still have a full time practice (emergency and elective) and still enjoy. I wish to continue practicing but my recert expires December 2017. I will probably retire (100% due to the recert process). When I started practice recertification required only an exam The current requirements have been added over time ed	3/26/2016 8:21 AM
154	Liberalize CME requirements... If I write a paper or present a talk, give me credit... Industry courses should also be given CME credit	3/26/2016 12:15 AM
155	none	3/25/2016 8:34 PM
156	testing and application too expensive	3/25/2016 7:14 PM
157	The process of communication with ABOS members regarding deadlines is nonexistent and the website of the ABOS is very poorly designed and updatede	3/25/2016 12:23 PM
158	the exam was very fair	3/25/2016 10:46 AM

ABOS Maintenance of Certification (MOC) Process

159	The current MOC process is long overdue for revision, I'm amazed that the membership has been seemingly powerless to change it	3/25/2016 10:42 AM
160	Not surprising that at my age, I find the whole process counter productive	3/25/2016 9:21 AM
161	having to collect cases is my only reason for not re-certifying after 30 years in practice	3/25/2016 7:29 AM
162	abolish ABOS, absolutely ridiculous, no value, much better ways to do this	3/25/2016 6:16 AM
163	None	3/24/2016 11:47 PM
164	My last exam had way to many questions on single areas such as foot and ankle	3/24/2016 11:28 PM
165	It cannot be less relevant. I refuse to do it.	3/24/2016 10:50 PM
166	CME hours are too many. They exceed those of the state licensing board and are very costly. It is confusing to separate out standard CME's from self assesment CME's.	3/24/2016 10:14 PM
167	I have passed the boards 3 times and there is NO EVIDENCE that repeatedly passing the boards improves patient care or outcomes. It is costly, onerous and unnecessary. The AAOS needs to push back on this government mandated process. CME, self assessment exams, colleague evaluations and continuing hospital physician evaluations are more than adequate to demonstrate ongoing competence.	3/24/2016 9:31 PM
168	The 10 year exam is an absolute waste of time and has no bearing on life long learning. Should consider adding mandatory CME workshops to continue with improvement of skills every 3-5 years.	3/24/2016 9:11 PM
169	A combination of SAE and CME would be most effective for true ongoing improvement in clinical competency. The written and oral boards done every 10 years is a waste of time, effort and money.	3/24/2016 8:21 PM
170	It is just an opportunity to make money - \$1000+ - come on that's ridiculous. The written exam is a 100% complete waste - it is nothing more than an academic exercise from academic non-real life surgeons to make themselves feel better. The in the trenches surgeon is the real deal and the exam in no way represent real life.	3/24/2016 8:13 PM
171	Less costly way is needed. How about free SAEs	3/24/2016 8:05 PM
172	Should be based on proof of continuing education via meetings and self assessment exams. I would favor monthly question/answer via email to maintain proof of continuing education via testing.	3/24/2016 7:39 PM
173	ask common sense questions...not minutia!	3/24/2016 6:42 PM
174	The entire process is extremely expensive, time consuming and completely irrelevant to my clinical practice.	3/24/2016 6:31 PM
175	The written exam is inherently fair.	3/24/2016 5:50 PM
176	The process should be as automatic as possible - minimizing the time from the surgeon to enter things like CME and cases. The ABOS should provide free and easy to use self assessment exams via email or website.	3/24/2016 5:32 PM
177	Eliminate the written exam!!!! It is totally irrelevant to my clinical practice. CME and SAE's are more than adequate.	3/24/2016 5:12 PM
178	Make a more clinically relevant test	3/24/2016 4:53 PM
179	Eliminate the grandfathered class. Although most of them are about retired anyway. Never was fair and they are the ones who put this on the rest of us.	3/24/2016 4:43 PM
180	Should be able to get credit for peer review publication	3/24/2016 4:33 PM
181	it is not relevant. Very stressful while trying to run a practice	3/24/2016 3:47 PM
182	Specialists should not have to take a generalist exam	3/24/2016 3:01 PM
183	Hugely time-consuming, hugely expensive, irrelevant to the practice of orthopedics.	3/24/2016 2:20 PM
184	Need more options to obtain CME's for MOC through self assessment exams and literature reviews rather than meeting attendance. This would be more directed and cost effective learning; also allows time/schedule flexibility. This option requires less pre-planning to satisfy CME requirements within a required time period.	3/24/2016 2:00 PM
185	I have been doing 200 total joints a year and community trauma for 10 years. I only see adults with OA in my practice. I took the written test today for arthroplasty. It was nothing like I expected - was more like general boards.	3/24/2016 1:41 PM
186	Easier method to have CME performed outside of AAOS validated	3/24/2016 1:40 PM
187	Eliminate it	3/24/2016 1:29 PM
188	The examination is largely irrelevant to a given practice given that many of the included specialties are not a part of my practice.	3/24/2016 1:05 PM
189	I believe after a certain age, for examlpe 60, a member should not be required an exam.	3/24/2016 1:04 PM

ABOS Maintenance of Certification (MOC) Process

190	Acknowledge that later in life there is no operative practice	3/24/2016 1:03 PM
191	CME are very expensive, need freeCME from AAOS. Also allow CME for vumedi like it used to be, thanks	3/24/2016 12:57 PM
192	My practice is 100% foot and ankle. It does not make sense for me to take a general orthopedic examination for my MOC. I would be happy to take more Foot and ankle self-assessment exams, collect more CME's in my area of interest.	3/24/2016 12:52 PM
193	less than 40 CME a year - too financially difficult to keep up with and no help for actual practice	3/24/2016 12:52 PM
194	Current process is too expensive and time consuming	3/24/2016 12:36 PM
195	The continuing CME credits for the first 3 years of the recertification pathway is prohibitive. 120 hours over 3 years is 1 dedicated week per year exclusively dedicated just to CME. I go to my specialty meeting and AAOS annual and that is BARELY enough if I never skip both. And I am in academic medicine. Excessive. Shep Huriwitz should change that.	3/24/2016 12:23 PM
196	after 20 to 30 years of certification exams should be discontinued and only increased cmes required	3/24/2016 12:21 PM
197	how does case collection help me? Not.	3/24/2016 12:08 PM
198	The exam bears NO relevance to the practice of Orthopaedics whatsoever. It's much more important that I spend my time (and money) learning about things that are relevant to the patients that I take care of, than being resting in esoteric facts that seem to be important to those of you in ivory towers with a point to make. My ability to regurgitate obscure facts back to you serves no purpose other than to make academics feel better about themselves. The Boards (not just ortho) have become a self grandizing, self perpetuating scheme that serves no purpose beyond trying to make money for the Boards themselves. The Boards have become an overbearing and excessively expensive albatross around the necks of all physicians.	3/24/2016 11:38 AM
199	Eliminate the renewal requirement.	3/24/2016 11:31 AM
200	Proof of CME should be enough. A reasonably priced exam every 10-15 years is not unreasonable.	3/24/2016 11:22 AM
201	Relevant review courses with recorded attendance/?test	3/24/2016 10:56 AM
202	I would prefer to meet in a classroom once s year and be educated, finishing an exam at the end of each day covering the topic learned to keep up to date	3/24/2016 10:47 AM
203	In California there are some Orthopaedic surgeons who do a lot of workman's comp, which is totally overlooked in by the current MOC process	3/24/2016 10:36 AM
204	The various deadline windows are very hard to keep track of. The older docs are excused from the MOCbut need it the most.	3/24/2016 10:24 AM
205	With practice so busy and medicine so challenging it would be better to base on self assessment and courses	3/24/2016 10:17 AM
206	reduce cost and mandatory topics	3/24/2016 10:05 AM
207	Require CME quarterly or biannually	3/24/2016 9:59 AM
208	It is ridiculous that we have to retake an written exam every 10 years!	3/24/2016 9:56 AM
209	I am in my early 60's and will likely choose to practice without recertification or simply retire because the current entire process is so onerous.	3/24/2016 9:54 AM
210	MOC is detrimental to practice in regards to time and finance	3/24/2016 9:50 AM
211	Time consuming Costs are significant	3/24/2016 9:46 AM
212	Much of the test & preparation process is irrelevant to many practitioners and unnecessarily burdensome	3/24/2016 9:46 AM
213	The whole process does not improve competency or improve care.	3/24/2016 9:44 AM
214	Specialty specific	3/24/2016 9:40 AM
215	While I see some National Boards have become more user friendly, ABOS has become more difficult. This latest change (120 hours in first 3 years after passing re-cert) is really a problem. With virtually no notice of this, they are threatening me with a designation of "not participating" on their website. This is just wrong. I hope the COA has more of a voice than just me.	3/24/2016 9:39 AM
216	Peer review	3/24/2016 9:36 AM
217	It is better to require a home self-assessment exam in your field every year rather than the every 10 year exam. That encourages more consisent learning.	3/24/2016 9:31 AM
218	Aging MD with decreasing surgery schedule.	3/24/2016 9:30 AM

ABOS Maintenance of Certification (MOC) Process

219	My biggest complaint is that most of ABOS certification does not relate to quality of physician. Anyone can get friends in the community to sign off on them as a doctor. The hospitals have little knowledge about physician quality. Even the exam is an academic game that can be won by preparation but does not reflect on quality of physician. I think that CMEs are about the only way you can tell whether someone is continuing his/her education. MOC is becoming like the IRS.	3/24/2016 9:29 AM
220	As my senior partner says "the written exam is a book report." Minimal relevance.	3/24/2016 9:27 AM
221	Must be specialty specific, should include first person evaluation of surgical skills	3/24/2016 9:25 AM
222	The system needs a complete overhaul and accountability	3/24/2016 9:19 AM
223	cases are collected. Use the type of cases and percentages to pick questions. If I do 99% trauma then 99% of my questions should be trauma based instead on RA hand deformities that are useless for my life	3/24/2016 9:18 AM
224	I retired from medicine rather than deal with the MOC - as a full time trauma guy the process was of little value and it was not worth the time to keep Board Certified after age 63	3/24/2016 9:17 AM