

## Maintenance of Certification Committee - Report of Chair

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The MOC Committee notes 3 areas that ABNM Diplomates will want to keep aware of as MOC continues to evolve.

First, the ABMS has announced the need to classify each diplomate regarding their current active participation in MOC. This designation will be listed on the diplomate's information page on the ABMS web site ([www.certificationmatters.org](http://www.certificationmatters.org)). Thus, ABNM has adopted a definition of "active" participation: A diplomate who meets Part 1 qualifications, who is no more than 3 years behind in Part 2 and Part 4 activities, who has taken the MOC exam by the time required, and who has paid the MOC fees will be considered "active". This information is provided annually by ABNM to ABMS. This will preface an emerging concept at ABMS that certification is an ongoing process, rather than a 10-year cyclic process. Some boards have moved already to issuing certificates with an inception date, but not an expiration date stamp. These certificates are valid for up to 10 years, but require also "active" MOC participation for their validity. The concept of "active" participation will be particularly valuable to ABNM diplomates regarding the next issue.

Second, the ABNM MOC committee is aware of ongoing activity regarding maintenance of medical licensure under the auspices of the Federation of State Medical Boards (FSMB). The medical licensing boards have announced a new program titled Maintenance of Licensure (MOL; see: [www.fsmb.org/m\\_mol\\_faqs.html](http://www.fsmb.org/m_mol_faqs.html)). The goal is to harmonize physician CME, lifelong learning and practice improvement qualifications for license renewals, and includes 3 components:

1. **Reflective Self-Assessment.** This component is self-directed, but must be an objectively verified learning activity. This is operationally similar in concept to MOC Part 2 activities.
2. **Assessment of Knowledge and Skills.** This component is to be developed by an objective third party (perhaps the NBME), and is likely to include a periodic high-stakes examination covering basic principles of current medical practice. The activity is to be structured, validated, reproducible and credible to the public and the medical profession. This is operationally similar in concept to MOC Part 3.
3. **Performance in Practice.** This component consists of projects to compare individual physician performance with peers and established national benchmarks. This is operationally similar in concept to MOC Part 4.



Thus, the proposed FSMB MOL program has close conceptual similarity to ABMS MOC. Most importantly to ABNM diplomates, FSMB has determined that active participation in MOC will constitute substantial compliance with the requirements of MOL. Some state licensing boards mandate content-specific components, such as pain control, child abuse and other public health topics that may be required in addition to the general MOL design. These topics, of course, are likely to qualify for MOC Part 2 or Part 4 credit for ABNM diplomates. FSMB is inaugurating the MOL program in 2012 beginning in 9 states as an exploratory implementation of the program.

Third, the MOC committee notes the overall evolution of ABNM MOC structure and fee schedule from the initial 10-year cycle with annual fees plus a substantial recertification examination fee to a regular annual MOC fee that includes the examination fee. After the transition period, ABNM diplomates will be free to take the MOC examination when they choose, without an additional fee. This will advantage diplomates who elect to recertify earlier than 2 years prior to expiration of their certification and permit repeat examination without additional financial penalty. This year those who take the MOC exam will find that the exam fee is now \$1845 instead of \$2050.

Overall, the committee remains committed to maximizing the value of MOC participation to our diplomates, and to maintaining responsibility to the public to assure the ongoing quality and competency of ABNM-certified practitioners.

