

## How Do You Feel About Maintenance of Certification?

**T**he last three Opinions have dealt with the public demand for assurance of physician competence, the adoption of a common language for the competencies of physicians and the Academy's educational response to allow ophthalmologists to maintain their competence. Now for the

exciting part—how all of this relates to Maintenance of Certification.

Unless you have resided on Mars for the past decade, you know that since 1992, all diplomates of the American Board of Ophthalmology have received time-limited certificates (ironically dubbed TLC). That means that after 10 years, a recertification process must be completed to renew the certification. In response to complaints from the public that 10 years is too infrequent a recertification interval and from diplomates that the stakes of a pass/fail system are too high, the American Board of Medical Specialties has settled on a MOC process. This process is intended to provide plenty of opportunity for remediation of deficiencies before certification is in jeopardy. The MOC process is just now being implemented across all specialties of medicine, including by the ABO. Most important for the ophthalmologist diplomate to understand, MOC is a process, not a periodic event. The four components of the MOC process as adopted by the ABMS, along with the types of supporting evidence for each component that the ABO is likely to require, are as follows:

➤ Evidence of professional standing is

substantiated by the possession of an unrestricted license to practice medicine.

➤ As evidence of commitment to lifelong learning, participation in a self-assessment, practice-based learning program will be acceptable to the ABO.

➤ Evidence of cognitive expertise will require an examination as it currently does, but the preparation for the examination will be more structured and the examination content more predictable and relevant to practice.

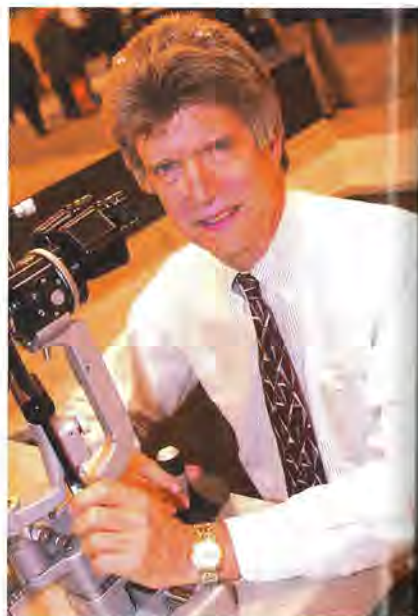
➤ Evidence of evaluation of performance in practice will be accomplished through review of records of your ophthalmic practice activities and perhaps other processes, again according to a model of practice improvement rather than punishment.

Can evidence of cognitive expertise be accomplished without undue stress to the ophthalmologist, given public insistence for a closed-book exam as the only credible test of knowledge? I think so, if 1) diplomates are made aware in advance of the content of the exam through pretests and self-assessment modules and 2) adequate time is provided for remediation if an initial attempt at the exam falls short. Clearly, experience of TLC diplomates on their

open-book examination to date cannot be considered as indicative of the proposed process. A closed-book exam for MOC will be far more relevant to an individual's practice, less difficult because recall rather than literature-search skills will be involved, and positioned earlier in the process to allow multiple retakes if needed.

Is MOC a pleasant prospect for ophthalmologists? Unequivocally, no! Is it one that we can all live with, given the accountability demands of the public? Equivocally, yes! As for whether the proposed MOC process is fair, that's grist for the next Mills' Opinion.

See [www.EyeNetMagazine.org](http://www.EyeNetMagazine.org) or last month's Opinion for my conflict of interest statement.



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