

Sneak a Peek at the ABO's Plan for Maintenance of Certification

Rabid followers of these Opinion columns will remember last year's series that outlined the mounting public pressure for accountability, the new framework of physician competencies adopted by accrediting and certifying bodies across specialties, and the movement

toward maintenance of Board certification as a process to replace the decennial trauma of recertification.

While almost everyone has agreed that transitioning from the sometimes-punitive process of recertification to the self-assessment and remediation model of Maintenance of Certification (MOC) is a desirable direction, the flight path for getting from here to there has been murky. Each of the specialty boards has been charged with developing a transition plan, and the American Board of Ophthalmology has just submitted a first draft blueprint for its diplomates, subject to modification by the American Board of Medical Specialties.

The first step is development of a clinical knowledge base that will be in the public domain. The Academy has committed its education department to this effort, which is already under way. The ABO commissioned this project so that diplomates in the MOC process will know how to update their knowledge. The Board also will use it as the sole source of content for MOC educational and testing materials.

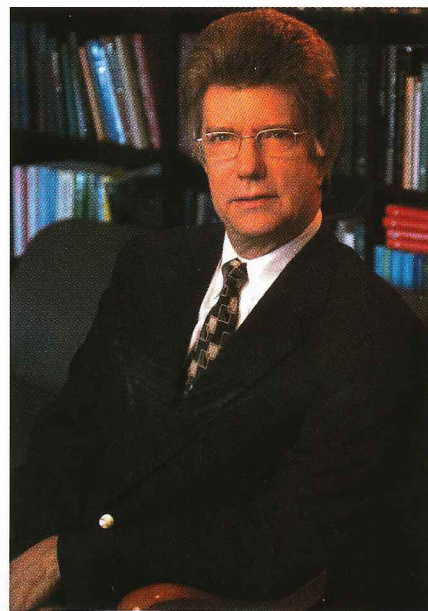
As was true for recertification, the cycle for MOC will be 10 years, though the components required to evidence

the various competencies will be spread out over the interval, rather than being concentrated at the end of the decade. The transition plan is to gradually move elements of the MOC process earlier in the 10-year cycle until they reach their final timing outlined below. To do this in the fairest way, the rules for when a diplomate is to complete the various elements are specific to the year of the original certification. Thus, all diplomates from 1996 will have the same set of rules, and those from 1997 will have a different set, and so forth.

To verify professional standing, an unrestricted license in every location in which you practice will be required. Evaluation of performance in practice will be achieved through self-review of office records, done in years three or four of the cycle. Continuing education will require 30 hours per year of category 1 CME, a portion of which will be self-assessment, including two ABO-generated modules taken in years five to seven of the cycle. Finally, evidence of cognitive expertise will require passage of a computerized examination in year eight, nine or 10, composed of questions from both general and practice-specific areas. If remediation is necessary, there will

be plenty of time to do so before certification is threatened.

Entry into the MOC process will be mandatory for all time-limited certificate holders (original certification 1992 and later), and, for legal reasons, optional for lifetime-certificate holders. However, many states, HMOs and hospitals are beginning to require recertification (or MOC), particularly for new or transfer applicants, so a growing proportion of lifetime-certificate holders are expected to enter the MOC process. All time-limited certificate holders need to study their options carefully. Even lifetime-certificate holders may discover an advantage to voluntarily entering the MOC process before certain changes take effect. Forewarned is forearmed.



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