The ABO Discusses the Value of MOC

The American Board of Ophthalmology (ABO) thanks Dr. Richard Mills for inviting continued discussion about the important and timely topic of Maintenance of Certification (MOC) in his April Opinion. The ABO would like to briefly discuss why this process of continuous certification is both necessary and valuable to ophthalmology. We will address our professional responsibilities as physicians, illustrate a few of the ways in which the ABO is making MOC better, identify the next steps in the evolution of ABO programs, and explain how these efforts help ophthalmologists maintain the privilege of self-regulation. The ABO welcomes the ophthalmic community’s participation in this conversation along with thoughtful consideration of Dr. Mills’ question, “Are we there yet?”

Professional obligation to improve. As patient advocates, the ABO works from within the profession to assure the public that certified ophthalmologists are meeting the standards for practice excellence. The ABO believes that certified ophthalmologists have a professional obligation not only to improve their knowledge base but also to put that knowledge into practice through the ongoing process of quality improvement. Likewise, the ABO recognizes its own obligation to the profession to continuously improve its programs and deliver the best possible resources for making continuous certification both manageable and affordable.

Enhancing program value and flexibility. Recent changes to the ABO MOC program increase its value and flexibility. Engaging the expertise of the ophthalmic community, the ABO developed a Patient Safety Module tailored to the concerns of the profession and available to diplomates at no additional cost. Working collaboratively with the American Academy of Ophthalmology, the ABO increased the CME associated with MOC activities so that diplomates can earn up to 49 AMA PRA Category 1 CME credits during the 10-year process at no additional cost. The ABO also added more quality improvement project options, including self-directed/self-designed projects, projects designed by groups, and institution-based projects spanning multiple specialty areas. Additional program enhancements are in development.

The way forward. To preserve both the trust of the public and the profession, the ABO will continue to:

• Seek the guidance of its diplomates. The input obtained through development panels, pilot testing groups, and the ABO website (www.abop.org) will help shape the future of ABO programs.
• Expand its flexible menu of quality improvement activities and work toward alignment of Practice Improvement Modules with the Academy’s IRIS Registry.
• Improve MOC examinations to ensure that they are relevant to the varying needs of both comprehensive and subspecialty-focused practice.
• Assure patients, insurers, credentialing agencies, and government organizations that ophthalmology can, and will, promote a culture of quality improvement through rigorous, transparent, and continuous certification processes.

Regulation by physicians, for physicians. The framework for continuous certification may not be all the way “there yet.” And regardless of how the MOC program evolves, the ABO will remain focused on protecting the higher standards that have helped to keep physician self-regulation intact during the past 99 years. With the support of the ophthalmic community as a whole, the ABO will continue to adapt its programs to ensure that certification remains a significant mark of quality in the eyes of an increasingly results-focused public. Together, we can ensure that continuous certification in ophthalmology gets there.

John G. Clarkson, MD,
Executive Director
John E. Surphin Jr., MD,
Chair
Meghan McGowan,
Communications Coordinator
American Board of Ophthalmology

WRITE TO US Send your letters of 150 words or fewer to us at EyeNet Magazine, American Academy of Ophthalmology, 655 Beach Street, San Francisco, CA 94109; e-mail eyenet@aoa.org; or fax 415-561-8575. (EyeNet Magazine reserves the right to edit letters.)