

American Board of Otolaryngology

E-NEWS

Serving the public and the profession since 1924

August 2006

MAINTENANCE OF CERTIFICATION: AN UPDATE

Many of us think of certification as passing the written and oral exams given by the American Board of Otolaryngology (ABOto). However, the certification process actually begins as soon as a new resident enters training. The resident must register with the ABOto so we can track his/her progress. Each year, the Program Director must complete a form indicating the progress the resident is making and assuring that the resident receives credit for each year of training. At the end of training, the Program Director must then sign the resident's application to take the exam as a sign the Program Director agrees the resident is qualified and ready to be examined.

In the past, once a candidate passed the exams and became certified by the ABOto, no further examinations or assessments were required to maintain certification. In 2002, the ABOto began issuing only time-limited certificates which meant that these certificates expire in ten years and must be renewed. All diplomates with time-limited certificates must participate in Maintenance of Certification (MOC®), a program being developed by all member boards of the American Board of Medical Specialties (ABMS).

The stimulus for this change is the increasingly intense national focus on healthcare quality. Various organizations are responsible for improving the quality of care in their respective components of the healthcare system; e.g., JCAHO for hospitals. The ABMS and its member boards along with the state medical licensing boards bear the responsibility to assess that individual practicing physicians are practicing modern, quality medicine. After careful deliberation, the ABMS developed and mandated that all member boards develop specialty specific MOC programs.

Each MOC program consists of four parts:

- I. Professional standing
- II. Continuing education/self-assessment
- III. Cognitive examination
- IV. Performance in practice

The current status of each of these components is as follows:

I. Professional standing

- All participants must have current valid ABOto certificates
- All participants must have unrestricted medical licenses in all states in which they practice
- All participants must have privileges at a hospital or ambulatory surgery center. Those that do not must attest the privileges were not lost due to an adverse action

II. Continuing education/self-assessment

- Each participant must complete 100 hours of CME every two years and report the number of hours in an annual report. Sixty percent of the hours must be in otolaryngology.
- Each participant must periodically participate in internet based self-assessment modules. The ABOto is in the process of developing a prototype self-assessment module that should be available later in 2006. More modules will be developed in a variety of areas to serve the wide diversity of practice focus in otolaryngology. There is no pass/fail on the modules; they are to be used to identify areas of weakness which can serve as a guide for a self-study program.

American Board of Otolaryngology

E-NEWS

Page 2

August 2006

III. Cognitive examination

- The participant will be required at the end of the ten-year MOC cycle to take and pass a computer based exam that is clinically oriented. Because there is such a wide diversity of practice focuses in otolaryngology, the ABOto exam will consist of two modules. The first is a core module that includes material that all otolaryngologists should know such as patient safety, antibiotics, anesthetics, etc. The second module will be selected by the participant based on his/her practice focus. Passing the two modules will renew the primary certificate and not imply special expertise in a given area of otolaryngology.

The specialty modules will include:

General	Pediatric Otolaryngology
Head and Neck	Facial Plastic and Reconstructive
Otology/Audiology	Rhinology
Laryngology	Allergy

Diplomates who are sub-certified in Neurotology or Sleep Medicine will take those respective modules which will renew their primary as well as their sub-specialty certificate

IV. Performance in practice

- This part of MOC is probably the most important because it will measure the actual practice of medicine. This is a very difficult concept, and there are no good measures available at this time. However, all ABMS boards are working on developing this part. It is likely that the Part IV measures will also be useful in measurement processes that are being demanded by insurers, Medicare/Medicaid, and state licensing boards. This part of MOC may also fulfill requirements for the developing Pay-for-Performance programs. The plan is to develop a process that is non-intrusive, accurate, and cost-effective.

Maintenance of Certification applies to all diplomates certified in 2002 and thereafter including sub-specialty certificate holders. In addition, the Directors of the American Board of Otolaryngology have voluntarily agreed to participate in MOC. The state licensing boards are in the process of developing a Maintenance of Licensure program that parallels MOC. It is felt that the states will require participation in their MOL program to maintain a state license. However, the state licensing boards have indicated that participation in the ABMS MOC program will fulfill their MOL requirements.

The thrust of the MOC program is a continuous quality improvement program. It is not intended to be punitive, but as a stimulus for all of us to stay more current in our practices. However, it will be necessary for each participant to pass the Part III examination in order to renew his/her certificate. Our patients deserve no less.