



NCSBN
Leading Regulatory Excellence

Maintenance of Certification

Lessons from ABMS



A lesson learned

- ABMS = 24 Boards
 - Meet high standards for professionalism
 - Completed training in their clinical specialty
 - Completed high stakes assessment of knowledge and clinical skills
 - Meets the standards of their specialty
 - On passing, become a Diplomate of that Board

What changed in the 70s?

- Science and the practice of medicine had changed substantially with time.
- Becoming board certified at the conclusion of the residency did not assure lifetime currency with optimal practice.
- By 1990, the concept of lifetime boards was becoming problematic with insurers and the public
- ABIM created an MOC [Maintenance of Certification] plan.
- The new plan would call for reassessment every ten years that included an exam and practice based learning assessments.
- Grandfathering was allowed for those who held the lifetime credential.

The survey:

- **Of physicians:**

- 1 in 10 value the program
- 46% = mixed feelings
- 41% do not value

- **Of stakeholders:**

- 39% very familiar with requirements; 46% = somewhat familiar; 9% = somewhat unfamiliar; 5% not at all familiar
- 57% always consider certification when selecting a physician; 27% = sometimes consider it; 15% = never consider it
- 59% believe that those with certification provide higher quality care; 22% = don't know, and 19% = they don't provide higher quality care

- **Of consumers:**

- 56% always consider when choosing a physician
- 28% = sometimes consider it
- 16% = never consider it

Goals of MOC:

- Clearly articulate the purpose of continuing certification
- Certification is a higher standard than licensure
- Maintenance of certification demonstrates ongoing professionalism as well as advancing clinical practice and learning
- Emphasis is on curated information that helps certificate holders to deliver improved clinical care
- What is required is both formative elements [professional development activities] and summative [decision of whether ongoing competence to practice is demonstrated]

When did things change?

Well, they were changing right along but the big change occurred when in order to maintain boards, they were required to do more than CME

Maintenance of certification also began to require practice evaluation and complaints ensued that the whole process of MOC was laborious and costly [when you add up the exam prep, etc]

The American Board of Anesthesiology, the MOCA Minute

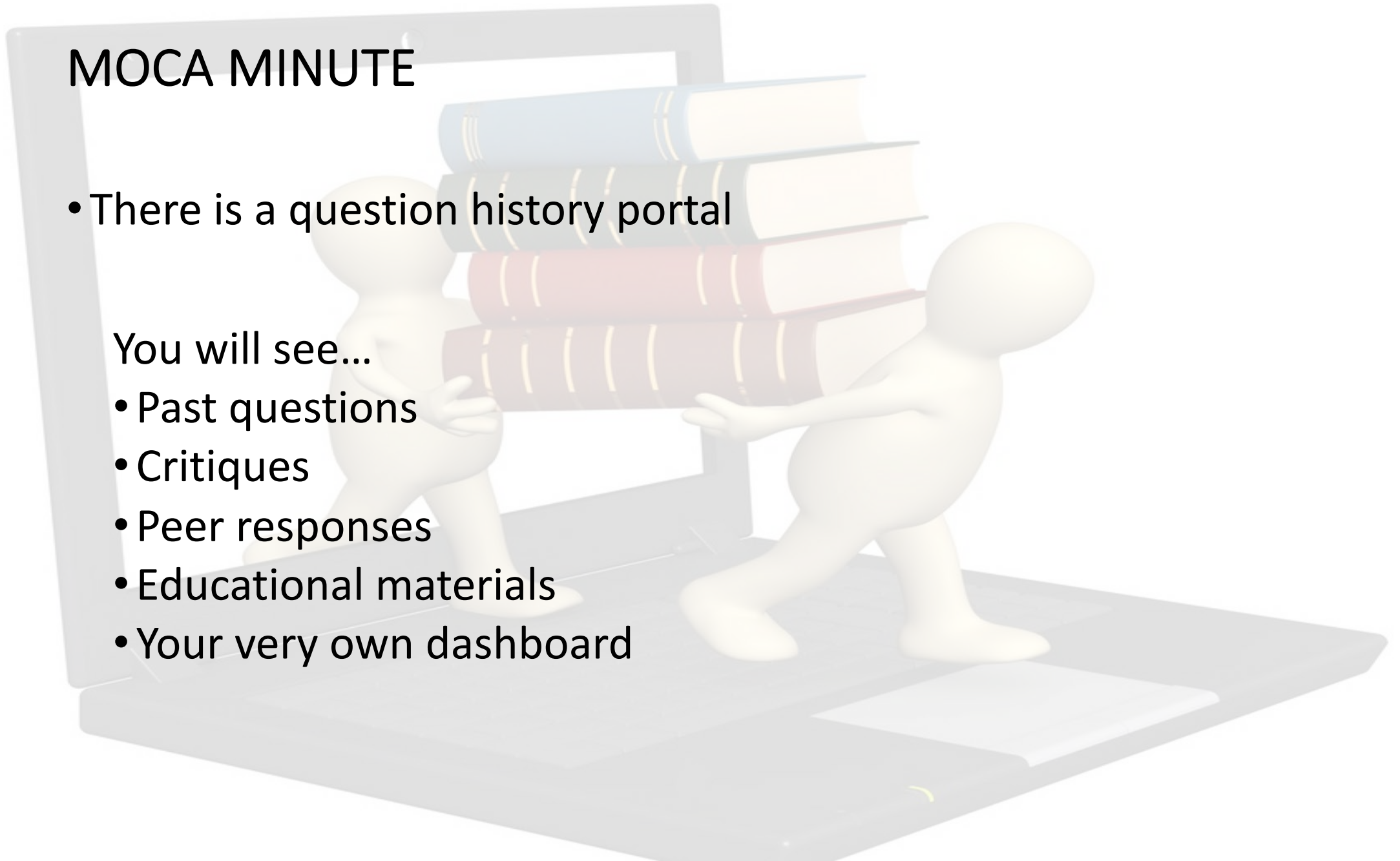
- Online learning, piloted in 2014, computer, tablet, phone
- 120 questions per year, divided into 4 quarters
- Sixty seconds to answer. If incorrect, some variation of that question will come back to be answered again. If it times out = incorrect.
- Then you report how confident you were in your answer.
- Next, you report how relevant to your practice.
- If you answered correctly, you will be shown a rationale and associated references and you can provide feedback on the question if you wish.
- If incorrect, some form of the question will keep coming back to you.

MOCA MINUTE

- There is a question history portal

You will see...

- Past questions
- Critiques
- Peer responses
- Educational materials
- Your very own dashboard



A blurred background image of a smiling male healthcare professional, likely a nurse or doctor, wearing a light blue short-sleeved shirt and a dark vest. A stethoscope is visible around his neck. The image is out of focus, serving as a backdrop for the text.

What about maintenance of certification for APRNs?

What is likely to change?

What might be needed?

What about the certification needed for licensure versus specialty certification?