

Five Bullets of Truth about MAINTENANCE OF CERTIFICATION

September 2006

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- ***Maintenance of Certification (MOC®) was developed*** in response to pressure from the government and public and reinforced by findings concerning medical errors by the Institute of Medicine. The rationale is that regular demonstration of competence and knowledge of orthopedics will diminish the likelihood of errors in practice. The Maintenance of Certification processes for Orthopedics and for Plastic were developed by the American Board of Orthopedic Surgery and the American Board of Plastic Surgery at the behest of the American Board of Medical Specialties. The subspecialty societies within Orthopedics and Plastic Surgery, including the ASSH, were not involved in the decision-making process.
- ***MOC® has four components***: evidence of professional standing, evidence of commitment to lifelong learning, evidence of cognitive expertise based on performance on an examination and evidence for evaluation of performance in practice. Commitment to lifelong learning includes 120 hours of category 1 CME in the three years leading up to the exam and completion of a Self-Assessment Examination either in Hand Surgery , Orthopedics or Plastic surgery in the year prior to the MOC® exam. Cognitive expertise is based on performance on either an Orthopedic or Plastic Surgery recertification examination or on a Certificate of Added Qualification in Surgery of the Hand examination which will now include 160 hand surgery questions and 80 general orthopedic questions for orthopedists, or 150 hand surgery questions and 50 questions across other modules for plastic surgeons.
- ***MOC® will go into full effect in 2007***. Those members whose certificates expire in 2010 will have three opportunities to recertify (i.e. 2007, 2008 and 2009). A letter should be forthcoming from the American Board of Orthopedic Surgery apprising Diplomates of that fact and providing a timeline for the process of application and credentialing which begins in January of the year of examination.
- ***The ASSH is working hard to provide members with tools to help them with their preparation for MOC®***. We have arranged for the AAOS to provide content for a one-day review course in General Orthopedics to be added onto the ASSH Comprehensive Review Course. The Hand Self-Assessment Examination is currently being reformatted to provide a better experience in reviewing Hand Surgery knowledge. We are also working with the AAOS to provide our members ready access to the Orthopedic Self Assessment Examinations. Other useful tools for preparation include the Hand Surgery Update and the Orthopedic Knowledge Update. Prevailing wisdom is that a major percentage of the General Orthopedic questions come from the OKU.
- ***The American Board of Orthopedic Surgery is considering providing an outline (curriculum) for those areas in Orthopedics which will be tested on MOC®***. We have been advised that basic science is not one of those areas.

Response from G. Paul DeRosa, MD, Executive Director of the American Board of Orthopaedic Surgery, Inc.

October 2006

- Bullet #1 MOC was developed as stated, but you should add that the 24 ABMS member boards have agreed to have their individual MOC programs completed by 2016.
- Bullet #2 I favor listing the four components as follows:
(1) Evidence of professional standing including a full and unrestricted license to practice in all jurisdictions where a license has been held.
(2) Evidence of a commitment to lifelong learning and self-assessment.
(3) Evidence of cognitive expertise, that is, secure examinations.
(4) Evidence of performance in practice. When fully implemented, MOC will be a 10 year process as is the current recertification process. During the first three years candidates will be required to accumulate 120 credits of Category I CME to include 20 credits of self-assessment examinations. This will be repeated during the second three year cycle. Prior to filing an application in year seven, a candidate must produce a three month case list with either 75 consecutive operative cases or 30 consecutive nonoperative cases for a nonoperating surgeon. Those who hold a CAQ in Surgery of the Hand may recertify both their primary orthopaedic certificate as well as their CAQ in Surgery of the Hand by taking the “hand pathway” for recertification. Following a successful application and peer review, the cognitive exam will consist of approximately 160 questions devoted to upper extremity surgery and 80 general core orthopaedic questions which are common to all orthopaedic recertification examinations including the practice profiled examinations in sports medicine, adult reconstruction and surgery of the spine.
- Bullet #3 The MOC program will go into full effect in 2016, however, those diplomats whose certificates expire in 2010 will have different requirements than those individuals whose certificates expire in 2007, 2008 or 2009. Diplomates whose certificates expire in 2007, 2008 or 2009 will recertify under the current Rules and Procedures. Those individuals whose certificates expire in 2010 will be required to have 120 CME credits including 20 credits of self-assessment examinations. In addition, they must also produce a three month case list when submitting an application for the exam. Those who apply for recertification in 2007 will have three opportunities during the next three years to take an exam.
- Bullet #4 It may be stated that the self-assessment examinations provided by the ASSH are currently acceptable for credit toward MOC.
- Bullet #5 The ABOS will consider providing a content outline of the 80 core orthopaedic questions on its website.

