

## RECENT QUESTIONS/COMMENTS CONCERNING MAINTENANCE OF CERTIFICATION

September 2006

### 1. Comment from a member

The problem with the knowledge testing is that the examination is put together by the ABOS. The AAOS, and perhaps the ASSH, may run the review courses, but those people putting together the course curriculum never really know what the ABOS will be emphasizing. As a result the subject material can not always be anticipated. Having just taken the test I can tell you that some of the questions are not even concept oriented, but rather technique oriented. My favorite example was the question that asked if the ACL screw was too far anterior or posterior on the post op xray. The point is that there needs to be a body of knowledge that every physician should know. That core curriculum should not be that hard to put together, but until that body of knowledge is accepted review courses will be no more than hit or miss.

What should happen is that the AAOS, ASSH, and other organizations should work with the Board to define a core curriculum. In ortho that curriculum could be created by BOS (formerly COMS). I would encourage the ASSH to do anything it can to get the Board to provide some sort of guidelines in creating a core curriculum, otherwise the review courses will be hit-or-miss.

### Reply from ASSH

We have raised this issue with members of the ABOS. There is currently an ongoing effort spearheaded by one of our members and current president of the ABOS, Peter Stern, M.D., to allow the ABOS to provide an outline of the subject areas to be covered by the 80 general orthopedic questions on the CAQSH/ MOC exam. A decision by the Board has not yet been made and, hopefully, will be forthcoming at their next meeting.

### 2. Comment from a member

I am very very excited to see that the ASSH is taking an active role in helping to prepare for the MOC and helping to define what is included in the "general Orthopedics examination". I recertified in 2005 and tried to find out what the ABOS considered "general orthopedics" but no one would comment. Thus, I felt that I had to study for the recertification as if it were part one of the boards. I spent one week relearning each major topic, spine, pathology.... Needless to say I overstudied and wasted a lot of time. In fact I barely studied any hand surgery for the examination. I passed the examination, but It would have been useful to know what I was being tested on, as I wasted a lot of time and was away from my practice more than I needed to be. Thank you all for helping our members make sense of the MOC.

### Reply from ASSH

See response to question 1 above.

### 3. Question from a member

Does this new MOC apply even to those of us who don't need to be recertified by the ABOS because of grandfathering? Re the CAQ, I have stopped operating and have let my CAQ expire. Under these new rules, as I still practice medicine, will I need to retake the CAQ and if so, does that need to be done in 07? Thanks

**Reply citing responses to frequently ask questions on the ABOS web site**

*24. What if a diplomate has a certificate with no expiration date, i.e. a life-time certificate?*

Board certification is a voluntary process. Prior to 1986 there was no time limit on board certification. Beginning in 1986 all new ABOS certificates were issued for a period of ten years. If an orthopaedic surgeon has a certificate issued in 1985 or earlier, that certification is not time-limited. All Board certified orthopaedic surgeons are encouraged to participate in MOC. If a diplomate successfully completes the MOC process he/she will receive a time-limited certificate. This second certificate will not nullify the original certificate that remains good for life.

*25. If a Diplomate has a certificate that is not time-limited and fails recertification what would be the effect on the original certificate?*

In the event that an orthopaedic surgeon participates in MOC and fails an examination, there will be no effect on the original certification status.

#### **4. Questions from two members**

Do the new criteria require 120 hours of category 1 credits every year, or just the year you take the MOC exam?

Is it really 120 hrs of category 1 CME every year that is required for MOC. That seems like a lot,

#### **Response from ASSH**

The initial statement in the "five bullets of truth" about MOC concerning CME credits was incorrect. In fact, the requirement is for 120 hours of category 1 CME credits in the three years prior to the application for Maintenance of Certification. In addition, there is a requirement for the applicant to take a self-assessment examination from either the ASSH or the specialty Society i.e. Orthopedic Surgery, Plastic Surgery or General Surgery. The exam must be graded although the score does not matter.

#### **5. Comment from Listserv**

Maybe the ASSH needs to expand its goals and/or redefine its mission.

Mission – "advance the science and practice of hand and upper extremity surgery through education, research and advocacy on behalf of patients and practitioners"  
Vision – "The Society will use this ever-expanding role and recognition to ensure the success of its members and to continuously improve the quality of care for all patients."  
Goals – Of the 11 goals, only this one addresses the members' individual needs; "The ASSH will help hand surgeons practice successfully in the rapidly changing medical practice environment."

There seems to be a lot more advocacy for the patients than the practitioners.

The AAOS is now the Academy and the Association, one for education and the other for advocacy. Is the ASSH lagging behind?

#### **Response from ASSH**

The decision to proceed with Maintenance of Certification was mandated by the American Board of Medical Specialties. The American Board of Orthopedic Surgery, American Board of Plastic Surgery and the American Board of Surgery developed their specialty specific programs in response to that mandate. The subspecialty societies, including the ASSH, were not included in that decision-making process. Members of the ASSH are on the Board of Orthopedic Surgery and the American Board of Plastic Surgery but not as representatives of the ASSH. Members of the Council of the ASSH have lobbied the ABOS frequently and aggressively on behalf of our membership and our members on the Board have been highly responsive to our inquiries. That notwithstanding, the process of Maintenance of Certification is now irrevocable and will proceed despite any protest to the contrary. The best we can do is to try to help our members navigate through the process and make it as tolerable as possible.