MAINTENANCE OF CERTIFICATION UPDATE

Rebecca L. Johnson, MD, FCAP
CEO, American Board of Pathology

Chad R. Rund, DO, FCAP
Chair, CAP New in Practice Committee

October 28, 2014
(updated 11/20/14)
In the past 12 months, I have not had a significant financial interest or other relationship with the manufacturer(s) of the product(s) or provider(s) of the service(s) that will be discussed in my presentation.
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- 11 year ABP Trustee
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- Anatomic and Clinical Pathologist
- Head of Gastrointestinal Pathology Services, Aurora Diagnostics, Greensboro Pathology Laboratories, Greensboro, NC
The American Board of Pathology (ABP) Maintenance of Certification (MOC) Program

- Why is MOC required?
- What is the ABP MOC Program?
- What is required for MOC?
- Who should participate?
- Summary
Why is MOC required?

- Developed by the 24 member boards of the American Board of Medical Specialties.
- Replaced recertification.
- Certification should be a continuous process and involve more than an examination.
ACGME/ABMS Six Core Competencies

- Medical Knowledge
- Patient Care & Procedural Skills
- Practice-based Learning & Improvement
- Systems-based Practice
- Interpersonal & Communication Skills
- Professionalism
ABP-MOC Requirements

- **Part I: Professionalism and Professional Standing**
  - Possess a full, unrestricted medical license in US or Canada
    - Practice outside US or Canada - full, unrestricted license in the local jurisdiction where he/she practices.
  - Document medical staff membership and privileges
    - Or submit a description of their practice.
  - Report to ABP every two years.
ABP-MOC Requirements

• Part II  Life-Long Learning and Self-Assessment

  – 70 Category 1 CMEs each 2-year period
  – 20 of 70 credits must be Self-Assessment Modules (SAMs).
  – The ABP approves CME providers to offer SAMs, not individual SAMs. Providers designate which activities are SAMs. Certificates should reflect both CME and SAMs credit.

• NOTE:  All SAMs are Category 1 CME; not all Category 1 CMEs are SAMs.
ABP-MOC Requirements

- Part II  Life-Long Learning and Self-Assessment
  - Report at 2-year intervals beginning at the end of the 2nd year after certification.
  - Credit for fellowship training and physician scientist pathway
  - ABMS-approved patient safety course required beginning in 2012.
  - Random audits of Part II activities with documentation.
ABP MOC Requirements

MOC Part III Assessment of Knowledge, Judgment, and Skills

• Discussed in Part two
• Tuesday, November 4
• 12 pm CDT
ABP-MOC Requirements

- Part IV - Improvement in Medical Practice
  - Part IV MOC requirements are based on CLIA
  - Quality assurance, performance improvement, continuous quality improvement, etc.
  - Evaluations - 360°
    - ABP certified pathologist
    - Credentials Committee, CMO, COS
    - Board-certified physician in another specialty
    - Technologist or Pathologist’s Assistant
ABP-MOC Requirements

- Part IV: Improvement in Medical Practice

- Laboratory accreditation
  - CMS
  - The Joint Commission
  - College of American Pathologists
  - AABB
  - ASHI
  - NAME
  - State of _______________
  - Other
ABP-MOC Requirements

- Part IV: Improvement in Medical Practice
  - Inter-laboratory performance improvement/quality assurance
    - Part of accreditation process (proficiency testing)
    - Activities available through societies
ABP-MOC Requirements

- Part IV: Improvement in Medical Practice

- Individual diplomate participation in performance improvement/quality assurance
  - Cytopathology proficiency examination
  - Laboratory accreditation inspector
  - Society-sponsored activities
    - Slide review programs
    - Other educational activities
ABP-MOC Requirements

- **Part IV: Improvement in Medical Practice**

  - Individual diplomate participation in performance improvement/quality assurance
    - Patient Safety course
    - Program/fellowship director
    - Institutional/departmental activity
    - Part IV approval form on ABP website

  - Reported every 2 years.
Participation in ABP-MOC

- Diplomates who have a time-limited certificate must participate in MOC
- Diplomates certified in 2006 or later
- Certified in a subspecialty in 2006 or later, required only for the subspecialty, but voluntary maintenance of primary certification encouraged
- Public reporting of MOC status
ABP-MOC

• Certification “lapses” if MOC requirements are not met.

• 2 year reporting intervals; deadline 1/31 of the 3rd year after certification. Example: 2014 diplomate - first report by 1/31/17.

• Continuous certification.

• Fees:
  $50 annual fee, paid at time of reporting
  Per diplomate, not per certificate.
ABP-MOC Report Cycles

- Every 2 years based on the year of the primary/earliest certificate or enrollment
- Certificates can be synchronized
- Part II CME/SAMs and Part IV activities can be used for all certificates
ABP-MOC

- Diplomates must maintain time-limited primary certification
- Continuous certification
- If a diplomate relinquishes a certificate, it may be reinstated within 3 years by participation in MOC activities in that area.
- After 3 years, the diplomate must retake the initial certification examination in order to regain certification in that area.
- **TAKE HOME MESSAGE—KEEP YOUR CERTIFICATION!**
ABP-MOC Participation
Non-Time Limited Diplomates

• Encouraged to participate in MOC
• Not required to participate.
• Participation in MOC does not jeopardize the original certification.
• Same schedule as new diplomates certified in that year.
• First report due after 2 years.
ABP-MOC Participation
Non-Time Limited Diplomates

- If secure examination is required for a state medical license, they can take the MOC examination and then begin the MOC cycle.
- They may opt out of MOC at any time.
- If they begin the MOC process, withdraw, and wish to re-enter at a later date, all MOC reporting since the initial enrollment must be brought up to date before the diplomat will be considered to be participating in MOC.
ABP-MOC Participation

- 3rd party payers or credentialing committees may require participation.
- Participation in MOC qualifies for incentive payment through MOC:PQRS.
- The Federation of State Medical Boards has approved a MOL program for which MOC will be accepted.
- MOC meets licensure CME requirements in 9 states.
ABP-MOC Participation
Clinically Inactive

- Clinically inactive-defined by ABMS as not practicing for 2 years.
- Notify ABP of inactive status at the time of MOC reporting.
- Clinically inactive exempts the diplomate from Part IV only. Parts I-III requirements must still be met.
- The diplomate must notify ABP when he/she re-enters practice and must begin Part IV activities within 6 months.
<table>
<thead>
<tr>
<th><strong>ABP MOC STATISTICS (11/14)</strong></th>
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<tbody>
<tr>
<td>Total certificates</td>
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<tr>
<td>Total diplomates</td>
</tr>
<tr>
<td>Compliancy rate</td>
</tr>
<tr>
<td>Diplomates not participating</td>
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<tr>
<td>Lapsed certificates</td>
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</tbody>
</table>
Summary of MOC fees $$$

- $100 every two years, paid at the time of reporting Part I, II, and IV activities
- $500 for all exams taken in one session (spring, fall)
- Late fees
- Variable costs for:
  - CME, SAMs
  - Part IV activities
Summary

- Diplomates certified in 2006 or later must participate in MOC.
- MOC is open to all diplomates and does not put non-time-limited certificates in jeopardy.
- Part I, Part II and Part IV activities reported every 2 years.
- References reported after the 4th and 8th years.
- Reporting deadline is 1/31 of the following year.
- AP/CP examinations are modular.
- Most Pathology MOC requirements can be met by state licensure and CLIA requirements.
Resources

• [http://www.abpath.org](http://www.abpath.org)
  - Click on MOC
    - Instructions and forms for online reporting
    - FAQs
    - Booklet of Information
    - Timelines
    - Forms, including application for Part IV approval and SAMs provider information and agreement

• ABP-MOC@abpath.org
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ABP MOC Requirements

- Part one of this seminar on October 28
- Part I-Professionalism and Professional Standing
- Part II-Lifelong Learning and Self-Assessment
- Part IV-Improvement in Medical Practice
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ABP-MOC Part III

- Part III  Assessment of Knowledge, Judgment, & Skills

  - Proctored, secure exam.
  - AP/CP examinations are modular -
    - one mandatory 50-question module (APCP, AP only, CP only) +
    - 4 additional 25-question modules
  - AP/CP primary (50) and subspecialty (150) exams can be combined; scored together
ABP-MOC Part III

- Part III  Assessment of Knowledge, Judgment, & Skills
  - Some subspecialty examinations are modular (Hematology, Neuropathology, Molecular Genetic Pathology, Pediatric Pathology).
  - No glass slides or virtual microscopy
  - Modules are approximately 80% practical and 20% written questions.
  - Modules graded as a single examination.
ABP-MOC Part III

- Part III for each certificate can be synchronized with the earliest certificate, not to exceed three years difference
- Exam may be taken in years 7, 8, 9, or 10
- No more than 12 years between exams
- Fee - $500 per exam session; multiple exams allowed
AP Modules (25)

- General AP
- Gen Surg Path I, II
- Gen Cytopath
- Cytopath - GYN
- Cytopath - non-GYN
- Autopsy
- Bone, Soft Tissue
- Breast I, II
- Cardiovascular
- DermPath-Neoplastic
- DermPath-NonNeo
- Endocrine
- Forensic I, II
- GI-Liver-Biliary I, II
AP Modules (25)

- Genitourinary
- GYN, Placenta
- Head and Neck
- Medical Renal I, II
- MoPath, Cytogenetics
- Neuropathology
- Pediatric Path
- Pulmonary - Mediastinal
CP Modules (25)

- General CP I, II
- CP Lab Director
- BB/TM I, II
- Chemical Path
- Hematology
- Hemostasis & Thrombosis
- Microbiology I, II
- MoPath, Cytogenetics
AP/CP Common Modules (25)

- General Hemepath I-LN, spleen, etc.
- General Hemepath II- PB, BM, Coag
- Flow Cytometry
- Laboratory Management, Informatics
- Patient Safety
MOC Subspecialty exams

- No modules for:
  - Blood Bank/Transfusion Medicine
  - Chemical Pathology
  - Cytopathology
  - Dermatopathology
  - Forensic Pathology
  - Medical Microbiology
MOC Hematology Subspecialty Exam (150)

- **General Heme (50)** - mandatory
- **Lymph Nodes, etc. (50)** - elective
- **Blood, BM (50)** - elective
- **Hemostasis & Thrombosis (50)** - elective
- **Lab Heme (no coag) (50)** - elective
- **Flow Cytometry (50)** - elective
MOC Molecular Genetic Pathology Subspecialty Exam (150)

• **MoPath General I (75)-mandatory**
• MoPath General II (75)-elective
• Genetics (25)-elective
• Infectious Diseases (25)-elective
• Oncology/Hematology (25)-elective
• Oncology/Solid Tumors (25)-elective
MOC Neuropathology Subspecialty Exam (150)

- NP General I (50)-mandatory
- NP General II (50)-elective
- Degenerative Disorders I & II (25 each)-elective
- Develop/Pedi/Congenital I & II (25 each)-elective
- Neoplastic I & II (25 each)-elective
- Neuromuscular I & II (25 each)-elective
MOC Pediatric Pathology Subspecialty Exam (150)

- **Pedipath General (100)-mandatory**
- **Anatomical and Surgical Path (50)-elective**
- **Laboratory Medicine (50)-elective**
- **Placenta/Perinatal (50)-elective**
ABP-MOC Part III

- MOC Part III
  - Pilot Exam July 2013
    - 64 diplomates; 95% pass
  - March 10, 2014
    - 56 diplomates; 100% pass
  - August 18, 2014
    - 86 diplomates, 89 exams; 97% pass

- Similar to other ABMS boards
What if I fail the exam or lose certification?

- 8 potential opportunities to pass
- Detailed feedback
- Submit plan for remediation or retrain
- Lapsed or surrendered certificates-3 years to regain certification; make up MOC requirements
- Appeals process
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<td>8418</td>
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<tr>
<td>Total diplomats</td>
<td>5609</td>
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<td>Compliancy rate</td>
<td>98%</td>
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<td>Diplomates not participating</td>
<td>104 (2.2%)</td>
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