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## MAINTENANCE OF CERTIFICATION FREQUENTLY ASKED QUESTIONS (rev. 9/29/07)

### 1. What is Maintenance of Certification (MOC)?

Maintenance of Certification (MOC) is an initiative of the American Board of Medical Specialties (ABMS) aimed at insuring that physician specialists, certified by one of the 24 member boards of the ABMS, offer quality patient care through an ongoing process of self-improvement. MOC entails four basic components: professional standing, self-assessment and lifelong learning, performance in practice, and cognitive expertise. Completion of these components allows diplomates of the ABPN to maintain their certificate(s) in psychiatry and/or neurology.

### 2. Why did the ABMS feel it necessary to develop MOC?

Two publications by the Institute of Medicine (IOM), "To Err Is Human" and "Crossing the Quality Chasm," as well as a number of studies published in the literature, identified the need to improve medical care. In response, in 1998-1999, the ABMS and the Accreditation Council for Graduate Medical Education (ACGME) established the framework of the MOC program.

### 3. What is the framework of the MOC Program?

The MOC Program is built around the six core competencies for physicians: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. Recognizing that not all of the competencies can be mastered during specialty training, the MOC Program promotes lifelong self-assessment and improvement efforts after initial certification requirements have been met.

### 4. How does the MOC Program address the six competencies?

The ABPN evaluates diplomates through the MOC process using the following four components:

- **Evidence of Professional Standing** is addressed through the maintenance of an unrestricted license to practice medicine in at least one state in the United States.
- **Evidence of Self-Assessment** is demonstrated by the completion of two broad-based self-assessment programs during the 10-year MOC cycle. One self-assessment activity must be completed in years 1-3 of the first 5-year block of the cycle, and one must be completed in years 6-8 of the second 5-year block of the cycle.
- **Evidence of Lifelong Learning** is shown by the completion of two five-year blocks of 150 credits of Category 1 Continuing Medical Education (CME) over the ten-year cycle.
- **Evidence of Performance in Practice** is demonstrated through the completion of a personalized quality-improvement program with three 2-module Units encompassing chart review and second-party external review.
- **Evidence of Cognitive Expertise** is demonstrated through secure computer-based multiple-choice examinations.

### 5. Is participation in the MOC Program mandatory?

While participation in the MOC Program is voluntary, it is a requirement in order to maintain certification for diplomates with time-limited certificates.



- 6. Does a "lifetime" certificate exempt a diplomate from participation in the MOC Program?**  
Participation in the MOC Program is not required for diplomates with "lifetime" certificates, however, requirements for hospital credentials may require evidence of continuous certification efforts. In addition, some states are considering the implementation of Maintenance of Licensure Programs, similar to the MOC Program.
- 7. If I do not participate in the MOC Program, will I still be Board-certified?**  
If you do not participate in the MOC Program, you will still be Board-certified if you hold a "lifetime" certificate. All certificates issued in Neurology, Child Neurology, and Psychiatry after October 1, 1994, are ten-year, time-limited certificates and expire on December 31, ten years from the year of the examination. All certificates issued in the subspecialties of addiction psychiatry, clinical neurophysiology, forensic psychiatry, geriatric psychiatry, hospice and palliative medicine, neurodevelopmental disabilities, neuromuscular medicine, pain medicine, psychosomatic medicine, sleep medicine, and vascular neurology, including those issued before October 1, 1994, are ten-year, time-limited certificates and expire ten years later on December 31, regardless of their exact dates of issuance. Ten-year, time-limited certificates for child and adolescent psychiatry began in 1995. Holders of time-limited certificates are subject to completion of all components of the MOC Program in order to maintain their Board certification.
- 8. Will MOC replace recertification?**  
The MOC Program has replaced the recertification examination.
- 9. What kind of CME is acceptable for lifelong learning?**  
Only Category 1 CME meets the ABPN MOC Program standards.
- 10. How many CME credits are required for the MOC Program?**  
300 Category 1 CME credits are required in every 10-year MOC cycle, and 150 of these must be earned in each 5-year block of the 10-year cycle.
- 11. How do I document my CME credits?**  
The CME provider issues written verification of participation in a CME activity. Diplomates may only claim the number of credits/hours of actual participation in the activity. Diplomates are required to maintain a record of their Self-Assessment, CME, and PIP activities, and attest to completion of them on their applications for the MOC examinations. In addition, several specialty societies track CME for members.
- 12. When do I submit my CME documentation to the ABPN?**  
Because CME is attested to by signature on the MOC application, only diplomates that are audited (approximately 5%) will be required to submit paper documentation to the ABPN.
- 13. If I hold more than one certification, do I need to annually accrue 30 CME credits towards each certification?**  
If a diplomate is certified in two or more areas, the specialty or subspecialty credits may accrue from one or all disciplines and count for multiple certifications.
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**14. Must a diplomate maintain certification in Psychiatry or Neurology to maintain certification in a subspecialty?**

All diplomates must maintain their primary certification to maintain subspecialty certification, with the exception of diplomates certified in Child and Adolescent Psychiatry.

**15. If a diplomate has a certificate that is not time-limited and fails the MOC cognitive examination, is the original "lifetime" certificate nullified?**

In the event that a diplomate with "lifetime" certification fails the MOC cognitive examination, the original certificate remains in effect.

**16. What is required for the Self-Assessment portion of the MOC Program?**

In order to fulfill the Self-Assessment criteria for MOC, each diplomate must participate in at least two major, broad-based, Self-Assessment activities during the 10-year MOC cycle. One Self-Assessment activity must be completed in years 1-3 of the first 5-year block of the cycle, and one must be completed in years 6-8 of the second 5-year block of the cycle.

**17. What materials are approved as Self-Assessment Activities?**

Examples of Self-Assessment activities for Neurology currently include:

- Post-reading questions from *Continuum*
- *Quintessentials* program modules
- *AANEM Training Program Self-Assessment Examination*
- *AAN Self-Assessment Examination*

Examples of Self-Assessment activities for Psychiatry currently include:

- *The Psychiatrist in Practice Examination (PIPE)*
- *Focus Annual Self-Assessment Exam Supplement* - 100 items
- *APA Practice Guidelines Program* - on the APA web site

Examples of Self-Assessment activities for Child and Adolescent Psychiatry currently include:

- *AACAP Module 1 Disruptive Behavior Disorders, Violence and Homicide*
- *AACAP Module 2 Eating Disorders, Feeding/Elimination Disorders, and Substance-related Disorders and Updates on Relevant Topics for Child and Adolescent Psychiatrists*
- *AACAP Module 3 Anxiety Disorders, Trauma (Non-Abuse/Neglect Related), Selective Mutism, and Updates on Relevant Topics for Child and Adolescent Psychiatrists*
- *AACAP Module 4 Schools, Forensics, Community Systems of Care, Consultative Issues, Ethics, Culture, Public Policy/Advocacy, and Updates on Relevant Topics for Child and Adolescent Psychiatrists*

**18. How is evidence of Performance in Practice assessed?**

The Performance in Practice (PIP) component is a quality improvement program designed to evaluate whether clinically active physicians have shown practice improvement over the 10-year MOC cycle by chart review and second-party external review. Diplomates will be required to complete three PIP Units, each consisting of one Clinical Module and one Feedback Module. The required PIP Units are to be distributed as follows:



- The first PIP Unit must be completed in years 1-3 of the 10-year cycle;
- The second PIP Unit must be completed in years 4-6 of the 10-year cycle;
- The third PIP Unit must be completed in years 7-9 of the 10-year MOC cycle

Each PIP **Clinical Module** must:

- a. Assess at least 5 clinical cases within a specific category (e.g., diagnosis, type of treatment, treatment setting) during the previous 3 years.
- b. Compare data from the 5 clinical cases to best practices and/or practice guidelines published in the literature, or peer comparisons.
- c. Provide performance feedback to diplomates concerning improvements in the effectiveness and/or efficiency in their practices, as related to the core competencies.
- d. Require the development of plans by diplomates to improve their performance.
- e. Reassess data from a review of 5 additional cases in the same category within 24 months and provide feedback similar to that in the original assessment.

Each PIP **Feedback Module** must:

- a. Be based on feedback from at least 5 peers or 5 patients in the previous 3 years.
- b. Provide performance feedback to diplomates concerning improvements in the effectiveness and/or efficiency in their practices, as related to the core competencies.
- c. Require the development of plans by diplomates to improve their performance.
- d. Reassess feedback from 5 different patients or 5 different peers in the same category within 24 months and provide feedback similar to that in the original assessment.

## **19. Will alternatives be available to fulfill the PIP Clinical Modules of MOC?**

Available products to fulfill the PIP Clinical Modules will be posted on the ABPN web site, [www.abpn.com](http://www.abpn.com), and can be accessed through web site links.

## **20. Will specific forms be available for peer and patient feedback in PIP Feedback Modules?**

Feedback forms developed by the ABPN as options for completion of PIP modules are available in pdf format on the ABPN web site, [www.abpn.com](http://www.abpn.com).

## **21. Is there an alternative to using ABPN forms for patient and peer feedback in PIP Feedback Modules?**

An alternative method of collecting data is to participate in the ABMS Consumer Assessment of Healthcare Providers and System (CAHPS) program. CAHPS allows a physician to compare his or her practice results with peers at three levels:

- i. Local
- ii. Regional
- iii. National

## **22. What does "Clinically Active" mean?**

The American Board of Specialty Societies (ABMS) has issued new definitions of "Clinically Active" and "Clinically Inactive" and requires that all diplomates self-report their status once every 24 months in each area of certification. This information will be available to the public.



**“Clinically Active”:** Any amount of direct and/or consultative patient care that has been provided in the preceding 24 months.

**“Clinically Inactive”:** No direct and/or consultative patient care has been provided in the preceding 24 months.

A change in diplomate status from “Clinically Inactive” to “Clinically Active” requires the completion of at least one PIP Unit.

The following subcategories have been developed for classification purposes for both specialties and subspecialties:

**Clinically Active in Specialty/Subspecialty:**

- Not required to, and do not, participate in MOC (lifetime certificate)
- Not required to participate in MOC (lifetime certificate) but do participate in Parts I, II, and III (do not see enough patients to complete Part IV)
- Not required to participate in MOC (lifetime certificate) but do participate in Parts I, II, III, and IV
- Participate in Parts I, II, III of MOC (do not see enough patients to complete Part IV; time-limited certificate)
- Participate in Parts I, II, III, and IV of MOC (time-limited certificate)
- Clinically active in an area not within the scope of competency of my ABPN certificate(s)

**Clinically Inactive in Specialty/Subspecialty:**

- Not required to participate in MOC (lifetime certificate) and do not do so
- Not required to participate in MOC (lifetime certificate) but do participate in Parts I, II, and III of MOC
- Participate in Parts I, II, and III of MOC (time-limited certificate)

**Clinically Active status is unknown.**

**23. Can a “Clinically Inactive” diplomate become “Clinically Active”?**

A diplomate who has “Clinically Inactive” status may change to “Clinically Active” status by submitting a written request to the ABPN, including documentation stating that at least one PIP Unit of Part IV of the MOC Program has been completed. Change of status will subject the diplomate to all requirements of the MOC Program.

**24. Is there an ABPN fee for participation in the MOC Program?**

ABPN fees for MOC are contained within the fee for the MOC Examination. The ABPN will not charge any additional fees for the MOC Program.

**25. Can I renew an expired certificate?**

Yes, an expired certificate can be renewed through participation in the ABPN MOC Program. It will not be necessary to sit for the initial certification examination or complete additional training.



**26. What are the consequences if a diplomate fails to complete the requirements of the MOC Program before his/her deadline?**

Diplomates who are not recertified before their certificates expire are no longer Board certified in that area. Once a former diplomate completes all of the MOC Program requirements and passes the MOC examination, however, he or she will regain certification status.

**27. Does CME acquired through the Royal College of Physicians and Surgeons of Canada fulfill the requirements of the ABPN?**

Yes, CME earned through the Royal College of Physicians and Surgeons of Canada fulfills the requirements of the Board's MOC program.

**28. What is the MOC Program timetable?**

The MOC program is being phased in incrementally. Lifelong Learning (CME hours) were required for diplomates taking the MOC Examination in 2007; Self-Assessment activities will be required for diplomates taking the MOC examination in 2010; Performance in Practice Units will be required for diplomates taking the MOC examination in 2013. After 2013, all elements of the MOC Program will be required.

**29. Will further changes be made to the MOC program?**

Due to the evolving nature of the MOC movement, it is highly possible that refinements will be made to the MOC Program in the future. All changes will be posted on the ABPN web site, [www.abpn.com](http://www.abpn.com).