

ABPN



American Board of Psychiatry and Neurology, Inc.

A Member Board of the American Board of Medical Specialties (ABMS)

# MAINTENANCE OF CERTIFICATION PROGRAM

*Note: all policies, components, and requirements of the ABPN's Maintenance of Certification (MOC) Program are subject to change. It is the responsibility of each individual ABPN diplomate to remain apprised of the current applicable MOC Program. As such, diplomates are encouraged to consult the ABPN's website ([www.abpn.com/moc](http://www.abpn.com/moc)) regularly to ascertain whether changes have been made.*

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## The ABPN Maintenance of Certification (MOC) Program

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### Introduction

The ABPN MOC Program reflects the Board's commitment to lifelong learning throughout one's profession. The mission of the ABPN's Maintenance of Certification (MOC) Program is to advance the clinical practice of psychiatry and neurology by promoting the highest evidence-based guidelines and standards to ensure excellence in all areas of care and practice improvement. The MOC program requires diplomates to participate in sanctioned self-assessment performance measures, identify perceived weaknesses in their knowledge, pursue learning activities tailored to areas that need to be strengthened, and develop quality improvement programs based on their clinical practice. The goal is for diplomates to reflect on their personal knowledge and performance and commit to a process of improvement and reevaluation of performance measures over a specified time frame that will ultimately lead to improved care for their patients.

Diplomates are responsible for their own self-assessment activities, continuing education credits, and practice improvement plans, and they can choose the learning tools that will best address their perceived needs, expand their expertise, and enhance the effectiveness and efficiency of their practice.

Physicians who are certified in both psychiatry and neurology and who desire to maintain their certificates in both disciplines must only meet the CME, Self-assessment, and PIP requirements for one specialty. However, they will be required to pass cognitive examinations in both psychiatry and neurology.

Diplomates with certificates in the subspecialties of addiction psychiatry, clinical neurophysiology, forensic psychiatry, geriatric psychiatry, hospice and palliative medicine, neuromuscular medicine, pain medicine, psychosomatic medicine, sleep medicine, and vascular neurology must also maintain certification in their specialty in order to apply for recertification in the area of subspecialization. Diplomates in neurodevelopmental disabilities must maintain certification in neurology with special qualification in child neurology. *If certification in the specialty lapses, certification in the subspecialty is no longer valid.*

Diplomates in child and adolescent psychiatry do not need to maintain current certification in general psychiatry for their subspecialty certification to remain valid and to recertify in child and adolescent psychiatry.

There is no time limit on regaining certification status through maintenance of certification. It is the responsibility of diplomates to obtain application materials for maintenance of certification. *Information for Applicants* publications are available to download from [www.abpn.com](http://www.abpn.com).

**The ABPN encourages all diplomates to update their Clinically-Active Status through ABPN Physician Folios at <http://www.abpn.com/folios>**

As mandated by the American Board of Medical Specialties, the Board has developed a Maintenance of Certification (MOC) program that includes four components:

1. Professional Standing;
2. Self-Assessment and CME;
3. Cognitive Expertise;
4. Performance in Practice.

MOC Program participation includes meeting **all** MOC requirements, not just passing the MOC cognitive examination.



## The ABPN Maintenance of Certification Program (10YR-MOC) For Diplomates Certified or Recertified in 2011 or Earlier

(Nov. 2009)

As of October 1, 1994, all individuals achieving Board certification by the ABPN are issued 10-year, time-limited certificates. 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 prior to October 1, 1994, are 10-year, time-limited certificates. Time-limited certificates for child and adolescent psychiatry began in 1995.

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

### Record Keeping, Attestation, Multiple Certificates, and Auditing

Diplomates of the ABPN are required to maintain records of their self-assessment (SA) activities, Continuing Medical Education (CME) credits, and Performance in Practice (PIP) Units. Diplomates must provide their signature attesting to completion of these activities (as determined by the phase-in schedule) on their applications for the MOC examinations. When the MOC Program is fully operational, attestation to all components will be required on applications for the MOC examinations.

Diplomates are responsible for choosing their self-assessment activities, CME activities, and performance in practice components. **Completed activities can be applied to multiple certifications thus fulfilling MOC criteria for one or more specialty or subspecialty areas.**

**Phase-In Schedule for ABPN Ten-Year MOC Component Requirements**

Original Certification or Recertification Year	MOC Application Year	MOC Exam Year	TOTAL CME Credits Required	CME From SA	First SA Activity Required	Second SA Activity Required	First PIP Unit Required	Second PIP Unit Required	Third PIP Unit Required
2002	2011	2012	180	0	X				
2003	2012	2013	210	0	X				
2004	2013	2014	240	20	X	X	X		
2005	2014	2015	270	40	X	X	X		
2006	2015	2016	300	60	X	X	X	X	
2007	2016	2017	300	80	X	X	X	X	X
2008	2017	2018	300	80	X	X	X	X	X
2009	2018	2019	300	80	X	X	X	X	X
2010	2019	2020	300	80	X	X	X	X	X
2011	2020	2021	300	80	X	X	X	X	X
2012	See <b>Continuous Pathway to Lifelong Learning MOC Program (CP-MOC)</b> at <a href="http://www.abpn.com/cp-moc">www.abpn.com/cp-moc</a>								

- Notes:**
- MOC Program component requirements fully implemented for 2017 MOC Examination Year.
  - Every ABPN diplomate must possess an active medical license in the U.S. or Canada, and all licenses must be unrestricted.
  - At least an average of 8 of the CME credits per year (averaged over 2-5 years) should involve self-assessment.
  - Only after completing licensure, CME, SA and PIP requirements are diplomates qualified to complete the ABPN MOC Cognitive Examination.



The ABPN will audit approximately five percent of the applications submitted for the cognitive examination. Candidates whose applications are audited will receive a letter detailing the documentation required as evidence of completion of stipulated components (professional standing, self-assessment program, CME activities, and Performance in Practice Units) **as determined by the phase-in schedule**. Failure to return this documentation may result in the denial of the application for the MOC cognitive examination.

## 1. Professional Standing (continuously effective)

To show evidence of professional standing, the ABPN requires that diplomates must hold an active and unrestricted license to practice medicine in at least one state, commonwealth, territory, or possession of the United States or province of Canada. Such license must be maintained even if the physician is out of the country for extended periods of time. All medical licenses must be unrestricted.

## 2. Self-Assessment and CME

### A. Self-Assessment Activities

Diplomates of the ABPN are required to participate in at least two major, broad-based self-assessment activities during the 10-year MOC cycle. The self-assessment activities can come from multiple self-assessment programs. Each self-assessment activity must cover new knowledge and/or current best practices in one or more of the competency areas, and provide feedback to the diplomate that can be used as the basis for focused CME, lifelong learning, and/or career development. That feedback must include the correct answer and recommended literature resources for each question, and (by 2014) comparative performance to peers. This requirement began in 2010 for those applying for 2011 MOC examinations.

#### When this component is fully implemented in 2014:

- At least an average of 8 of the CME credits per year (averaged over 2-5 years) should involve self-assessment.
- The first self-assessment activity must be completed in years 1-3 of the 10-year MOC cycle.
- The second self-assessment activity must be completed in years 6-8 of the 10-year MOC cycle.
- Feedback must include comparative performance to peers.
- Self-assessment examinations must include no fewer than 25 questions per examination and 2 CME credits per activity.
- The self-assessment examination must take place before any subsequent CME educational activity.

**The Board may approve additional programs over time. The ABPN reserves the right to approve or reject any course or guideline submitted for approval.**

### B. CME Activities

Diplomates of the ABPN are required to complete an average of 30 specialty or subspecialty Category 1 CME credits per year over the 10-year MOC cycle. CME activities must be accredited by ACCME or by the Royal College of Physicians and Surgeons of Canada, and CME must be relevant to the specialty in which the diplomate is certified. Diplomates certified in more than one area only need to accrue an average of 30 CME credits per year, as the same CME credits can be used to satisfy the MOC requirements for multiple specialties and subspecialties. This requirement was phased in beginning in 2006 for those applying for 2007 MOC examinations.

#### When this component is fully implemented in 2014:

- At least an average of 8 of the CME credits per year (averaged over 2-5 years) should involve self-assessment.
- 150 CME credits must be earned during the first 5-year block of the 10-year MOC cycle,
- 150 CME credits must be earned during the second 5-year block of the 10-year MOC cycle,
- Diplomates must accrue 300 Category 1 CME credits over the 10-year MOC cycle.

**Examples of MOC activities approved by the Board may be found on the ABPN web site, [www.abpn.com/moc](http://www.abpn.com/moc).** The Board may approve additional programs over time. *The ABPN reserves the right to approve or reject any course or guideline submitted for approval.*

### 3. Cognitive Expertise (effective 1994)

Diplomates of the ABPN fulfill the cognitive expertise component by passing a cognitive examination prior to the expiration date on their certificates. To sit for a cognitive examination, all current MOC requirements must be satisfied at the time the MOC application is submitted. A passing score on the cognitive examination extends the renewal date of the certificate to December 31, 10 years from the year of the cognitive examination. Practice-relevant, clinically oriented, multiple-choice, computer-administered examinations are delivered in over 200 Pearson VUE testing centers throughout the country. To prepare for the MOC cognitive examinations, a diplomate should keep current with research and developments in the respective field, read specialty-specific journals and practice guidelines, and attend relevant CME programs.

MOC Program participation includes meeting **all** MOC requirements, not just passing the MOC cognitive examination.

### 4. Performance in Practice (PIP)

The Performance-in-Practice (PIP) component is a two-part quality improvement program designed for "clinically-active" physicians (see definitions below) to participate in practice improvement activities over the 10-year MOC cycle by both chart review and second-party external review. Diplomates will be required to complete three (3) PIP Units, each consisting of both a Clinical Module (chart review) and a Feedback Module (Patient/Peer\* second-party external review).

If a diplomate participates in an institutional quality improvement program that involves collection of chart data and comparison, and establishment of a plan to improve clinical activity for the individual physician, that institutional participation may also fulfill the Clinical module. If a diplomate participates in peer review in his/her clinical setting, that institutional activity may also fulfill the PIP Feedback Module criteria. This requirement is currently slated to begin in 2013 for those applying for 2014 MOC examinations.

#### When this component is fully implemented in 2017:

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

#### A) Clinical Modules (Chart Review)

- Each diplomate is required to collect data from at least five patient cases in a specific category (e.g., diagnosis, type of treatment, treatment setting) obtained from the diplomate's personal practice over the previous 3-year period.
- A minimum of 4 quality measures must be collected for each Clinical Module.
- Each diplomate must then compare data from the five patient cases with published best practices, or practice guidelines, or peer-based standards of care (e.g., hospital quality improvement programs), and develop a plan to improve effectiveness or efficiency of his/her clinical activities.
- Remeasurement: within 24 months, each diplomate must collect the same data from at least another five clinical cases in the same specific category, to see if improvements in practice have occurred. The same patients may be assessed in the original and follow-up data.

#### B) Feedback Modules (Patient/Peer\* Second Party External Review)

- Each diplomate must solicit personal performance feedback from at least five peers\* and five of their own patients\*\* concerning the diplomate's clinical activity over the previous three years.
- Each diplomate must then identify opportunities for improvement in the effectiveness and/or efficiency in their practice as related to the core competencies and take steps to implement suggested improvements.
- Remeasurement: within 24 months, each diplomate must collect the same data from at least another five peers\* and five patients to see if improvements in practice have occurred. Feedback may be obtained from the same patients and peers as in the original and follow-up feedback.

\* Peers may include other professional healthcare staff such as, psychologists, social workers, physicians, counselors, and nurses.

\*\* Patients can include those for which the diplomate supervises the care of another provider (e.g., resident).

• Model MOC PIP Peer Feedback and MOC PIP Patient Feedback forms are available on the web site, [www.abpn.com/forms](http://www.abpn.com/forms).



The ABPN recommends that diplomates allow ample time for completion of PIP units. It may take diplomates 24 months from the date that the original data is collected from patients and peers to complete one PIP unit. The Board may approve additional programs over time. The ABPN reserves the right to approve or reject any course or guideline submitted for approval.

### Clinically-Active Status

The American Board of Medical Specialties (ABMS) has issued 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.

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

A. Engaged in direct and/or consultative care *sufficient* to complete Performance in Practice (PIP) Units.

B. Engaged in direct and/or consultative care *not sufficient* to complete PIP Units.

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

**3. “Status Unknown”:** No information available on the clinical activity of this diplomate.

Diplomates who are in category 1.A. above are required to complete all components of the MOC Program including PIP Units.

Diplomates who are in categories 1.B. or 2 above are required to complete all components of the MOC Program, except for PIP Units.

A change in diplomate status from 1.B. or 2 to 1.A. requires the completion of at least one PIP Unit.



## Phase in Schedule for ABPN Program Component Requirements For Diplomates Certified or Recertified in 2011 or Earlier

### WHAT DO YOU NEED TO DO AND WHEN?

Diplomates of the ABPN fulfill the cognitive expertise component by passing a cognitive examination prior to the expiration date on their certificates. To sit for a cognitive examination, all current MOC requirements must be satisfied at the time the MOC application is submitted. A passing score on the cognitive examination extends the renewal date of the certificate to December 31, 10 years from the year of the cognitive examination. Practice-relevant, clinically oriented, multiple-choice, computer-administered examinations are delivered in over 200 Pearson VUE testing centers throughout the country. To prepare for the MOC cognitive examinations, a diplomate should keep current with research and developments in the respective field, read specialty-specific journals and practice guidelines, and attend relevant CME programs.

#### IF YOU WERE CERTIFIED IN 2002...

Apply for the 2012 MOC examination in 2011.

**Requirements:** 180 Category 1 CME credits (150 in past 5-yr block)  
1 completed self-assessment activity

#### IF YOU WERE CERTIFIED IN 2003...

Apply for the 2013 MOC examination in 2012.

**Requirements:** 210 Category 1 CME credits (150 in past 5-yr block)  
1 completed self-assessment activity

#### IF YOU WERE CERTIFIED/RECERTIFIED IN 2004...

Apply for the 2014 MOC examination in 2013.

**Requirements:** 240 Category 1 CME credits (150 in past 5-yr block), at least 20 of the CME credits should involve self-assessment\*  
2 completed self-assessment activities  
1 completed PIP Unit

#### IF YOU WERE CERTIFIED/RECERTIFIED IN 2005...

Apply for the 2015 MOC examination in 2014.

**Requirements:** 270 Category 1 CME credits (150 in past 5-yr block), at least 40 of the CME credits should involve self-assessment\*  
2 completed self-assessment activities  
1 completed PIP Unit

#### IF YOU WERE CERTIFIED/RECERTIFIED IN 2006...

Apply for the 2016 MOC examination in 2015.

**Requirements:** 300 Category 1 CME credits (150 in past 5-yr block), at least 60 of the CME credits should involve self-assessment\*  
2 completed self-assessment activities  
2 completed PIP Units

#### IF YOU WERE CERTIFIED/RECERTIFIED IN 2007...

Apply for the 2017 MOC examination in 2016.

**Requirements:** 300 Category 1 CME credits (150 in past 5-yr block), at least 80 of the CME credits should involve self-assessment\*  
2 completed self-assessment activities  
3 completed PIP Units

#### IF YOU WERE CERTIFIED/RECERTIFIED IN 2008...

Apply for the 2018 MOC examination in 2017.

**Requirements:** 300 Category 1 CME credits (150 in 1st 5-yr block, 150 in 2nd 5-yr block), at least 80 of the CME credits should involve self-assessment\*  
2 self-assessment activities (complete 1st SA 2009-2011; 2nd SA 2014-2016)  
3 completed PIP Units

#### IF YOU WERE CERTIFIED IN 2009...

Apply for the 2019 MOC examination in 2018.

**Requirements:** 300 Category 1 CME credits (150 in 1st 5-yr block, 150 in 2nd 5-yr block), at least 80 of the CME credits should involve self-assessment\*  
2 self-assessment activities (complete 1st SA 2010-2012; 2nd SA 2015-2017)  
3 completed PIP Units

#### IF YOU WERE CERTIFIED IN 2010...

Apply for the 2020 MOC examination in 2019.

**Requirements:** 300 Category 1 CME credits (150 in 1st 5-yr block, 150 in 2nd 5-yr block), at least 80 of the CME credits should involve self-assessment\*  
2 self-assessment activities (complete 1st SA 2011-2013; 2nd SA 2016-2018)  
3 PIP Units (complete 1st PIP 2011-2013; 2nd PIP 2014-2016; 3rd PIP 2017-2019)

#### IF YOU WILL BE CERTIFIED IN 2011...

Apply for the 2021 MOC examination in 2020.

**Requirements:** 300 Category 1 CME credits (150 in 1st 5-yr block, 150 in 2nd 5-yr block), at least 80 of the CME credits should involve self-assessment\*  
2 self-assessment activities (complete 1st SA 2012-2014; 2nd SA 2017-2019)  
3 PIP Units (complete 1st PIP 2012-2014; 2nd PIP 2015-2017; 3rd PIP 2018-2020)

\* self-assessment CME credit may be averaged over 2 to 5 years.



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## FREQUENTLY ASKED QUESTIONS ABOUT MOC (10YR-MOC)

(Nov. 2009)

### 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 continuing medical education (CME), cognitive expertise, and performance in practice.

### 2. Why should I participate?

It is likely that the public and political emphasis on the continuous documentation of clinical competence and quality improvement by physicians will only increase over the years ahead, making a program like MOC essential.

### 3. What is ABPN trying to accomplish with MOC?

The American Board of Psychiatry and Neurology (ABPN) has strived to develop a credible MOC program for our diplomates that strikes a balance between what will likely be required by organizations that license, credential, and pay physicians and what is reasonable and straightforward enough to be accomplished by busy physicians. Many of our diplomates are already participating in various components of MOC through institutional or practice group quality improvement programs and the MOC Program will try to recognize those efforts. ABPN has tried to develop a clear MOC program that will enable a diplomate to demonstrate their competence throughout a 10-year certificate cycle.

### 4. What is the MOC Program timetable?

The MOC program is being phased in incrementally, and diplomates should become familiar with the current requirements and phase-in schedule for the 4-part ABPN MOC Program.

### 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. Holders of time-limited certificates must complete all components of the ABPN MOC Program in order to maintain their Board certification.

### 6. Should I participate in the MOC Program if I have a "lifetime" certificate?

Participation in the MOC Program is not required for diplomates with "lifetime" certificates; however, credentialing requirements for hospitals, practice groups, and third-party payers 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. If a lifetime certificate holder voluntarily participates in the MOC Program and does not pass the cognitive examination, that individual will not lose their "lifetime" certificate.

### 7. How do I keep track of completed MOC components during the MOC cycle?

Maintain a file that documents the completion of all Self-Assessment, CME, and PIP activities in the event one is audited by the ABPN.



The ABPN has developed a new online ABPN Physician web portal for our diplomates at <http://www.abpn.com/folios>. A diplomate is able to securely log on to the ABPN Physician Folios to apply and pay online for examinations and keep a record of completed MOC components. The system will also monitor progress of completion according to an individual's MOC cycle.

## **8. When do I begin with the MOC process?**

You are automatically enrolled in the MOC Program after achieving board certification. A diplomate should log on to the ABPN Physician Folios to activate their online account and keep updated on MOC Program requirements.

## **9. What should I do now to make sure I keep current with the MOC requirements?**

- Maintain an unrestricted license to practice medicine.
- Complete a Self-Assessment activity that provides CME credit such as those listed on our web site, [www.abpn.com](http://www.abpn.com).
- Earn at least an average of 8 hours of CME credit per year from Self-Assessment activities.
- Use the results of completed Self-Assessment activities to design a plan for subsequent CME.
- Complete at least an average of 30 hours of CME credit per year (this includes the 8 hours of CME credit per year from Self-Assessment activities).
- Become familiar with practice guidelines relevant to one's area of clinical practice in anticipation of the requirement (in 2013) to compare data from one's own clinical cases to those practice guidelines in the PIP Clinical Modules.
- Become familiar with the peer and patient feedback forms on the ABPN website ([www.abpn.com](http://www.abpn.com)) in anticipation of the requirement (in 2013) to solicit feedback from one's patients and peers about one's clinical practice in the PIP Feedback Modules.
- Encourage the Quality Assurance Program of one's hospital, clinic, practice plan, etc. to design its programs to provide the type of information that will fulfill the requirements of the PIP Clinical and Feedback Modules.
- Meet the required deadlines on the ABPN web site ([www.abpn.com](http://www.abpn.com)) to apply for the ABPN MOC Examination.

## **10. What happens if my certificate expired already?**

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. It is not necessary to sit for the initial certification examination again or complete additional training.

## **11. If I hold more than one certification, do I need to accrue CME credits and perform other MOC activities for each certification?**

If a diplomate is certified in two or more areas, any CME, self-assessment, and PIP activities completed in one area of specialization/subspecialization may accrue and count for multiple certifications. However, if the diplomate is certified in more than one specialty/subspecialty (e.g. psychiatry and neurology) and wants to maintain certificates in both, the diplomate must pass cognitive examinations in both areas, (e.g. psychiatry and neurology).

## Continuous Pathway to Lifelong Learning (CP-MOC) For Diplomates Certified or Recertified in 2012 or Later

(September 2011)

The Continuous Pathway to Lifelong Learning Program (CP-MOC) is a four-part MOC program, where all component requirements must be met to maintain certification. Beginning in 2012, diplomates who pass their initial certification or MOC examination will enter into the Continuous Pathway to Lifelong Learning. Diplomates who passed their initial certification or MOC examination prior to 2012 will not be required to participate in this program, but they may elect to do so.

The Program will assist diplomates to comply with Maintenance of Certification (MOC) requirements and timeframes and facilitate the required annual recording and reporting of diplomate MOC participation. Instead of a large fee at the time of the MOC examination, participants in the Continuous Pathway to Lifelong Learning will pay a much smaller annual fee. This annual fee covers participation in the ABPN Physician Folios and includes one MOC cognitive examination in a ten-year period. Less than 10 year participation may require an additional fee.

The focal point of the Continuous Pathway to Lifelong Learning Program is the ABPN Physician Folios, which offers a single source for personalized information regarding certification and MOC status. You must activate a ABPN Physician Folios account on the ABPN website to begin the MOC process.

While passing a cognitive examination is still required at least every ten years, a diplomate's certification status is dependent upon fulfillment of all four MOC Program components (Professional Standing, Self-Assessment and CME, Cognitive Expertise, and Performance in Practice), along with annually logging completed MOC activities into ABPN's Physician Folios and payment of an annual MOC registration fee.

### Continuous Pathway to Lifelong Learning Program Requirements

- \* Maintaining an unrestricted license(s) and no restrictions on any license.
- \* Passing an MOC cognitive examination at least **every 10 years** for every time-limited certificate.
- \* Completing MOC activities **every 3 years** (one stage):
  - \* 24 CME hours of self-assessment activities
  - \* 90 Category 1 CME hours total (including 24 CMEs from SA activities)
  - \* 1 Performance in Practice (PIP) Unit (one clinical module & one feedback module)

#### 1. Professional Standing (continuously effective)

To show evidence of professional standing, the ABPN requires that diplomates must hold an active and unrestricted license to practice medicine in at least one state, commonwealth, territory, or possession of the United States or province of Canada. Such license must be maintained even if the physician is out of the country for extended periods of time. All medical licenses must be unrestricted.

#### 2. Self-Assessment and CME

##### A. Self-Assessment Program

Diplomates of the ABPN are required to participate in broad-based self-assessment activities. Self-Assessment Activities can come from multiple self-assessment programs. Each self-assessment activity must cover new knowledge and/or current best practices in one or more of the competency areas, and provide feedback to the diplomate that can be used as the basis for focused CME, lifelong learning, and/or career development. That feedback must include the correct answer and recommended literature resources for each question, and comparative performance to peers.

- At least an average of 8 of the CME credits per year (averaged over 3 years) should involve self-assessment.
- Feedback must include comparative performance to peers.
- Self-assessment examinations must include no fewer than 25 questions per examination and 2 CME credits per activity.
- The self-assessment examination must take place before any subsequent CME educational activity.



The Board may approve additional programs over time. The ABPN reserves the right to approve or reject any course or guideline submitted for approval.

### **B. CME Activities**

Diplomates of the ABPN are required to complete an average of 30 specialty or subspecialty Category 1 CME credits per year. CME activities must be accredited by ACCME or by the Royal College of Physicians and Surgeons of Canada, and CME must be relevant to the specialty in which the diplomate is certified. Diplomates certified in more than one area only need to accrue an average of 30 CME credits per year, as the same CME credits can be used to satisfy the MOC requirements for multiple specialties and subspecialties.

- Diplomates must accrue an average of 30 specialty or subspecialty Category 1 CME credits per year (averaged over 3 years).
- At least an average of 8 of the CME credits per year (averaged over 3 years) should involve self-assessment.

## **3. Cognitive Expertise (effective 1994)**

Diplomates of the ABPN fulfill the cognitive expertise component by passing a cognitive examination. To sit for a cognitive examination, all current MOC requirements must be satisfied at the time the MOC application is submitted. A passing score on the cognitive examination extends the examination renewal date to December 31, 10 years from the year of the examination. Practice-relevant, clinically oriented, multiple-choice, computer-administered examinations are delivered in over 200 Pearson VUE testing centers throughout the country. To prepare for the MOC cognitive examinations, a diplomate should keep current with research and developments in the respective field, read specialty-specific journals and practice guidelines, and attend relevant CME programs.

MOC Program participation includes meeting **all** MOC requirements, not just passing the MOC cognitive examination.

## **4. Performance in Practice (PIP)**

The Performance-in-Practice (PIP) component is a two-part quality improvement program designed for "clinically-active" physicians (see definitions below) to participate in practice improvement activities through both chart review and second-party external review. Diplomates will be required to complete one PIP Unit every 3 years, consisting of both a Clinical Module (chart review) and a Feedback Module (Patient/Peer\* second-party external review).

If a diplomate participates in an institutional quality improvement program that involves collection of chart data and comparison, and establishment of a plan to improve clinical activity for the individual physician, that institutional participation may also fulfill the Clinical module. If a diplomate participates in peer review in his/her clinical setting, that institutional activity may also fulfill the PIP Feedback Module criteria.

### **A) Clinical Modules (Chart Review)**

- Each diplomate is required to collect data from at least five patient cases in a specific category (e.g., diagnosis, type of treatment, treatment setting) obtained from the diplomate's personal practice over the previous 3-year period.
- A minimum of 4 quality measures must be collected for each Clinical Module.
- Each diplomate must then compare data from the five patient cases with published best practices, or practice guidelines, or peer-based standards of care (e.g., hospital quality improvement programs), and develop a plan to improve effectiveness or efficiency of his/her clinical activities.
- Remeasurement: within 24 months, each diplomate must collect the same data from at least another five clinical cases in the same specific category, to see if improvements in practice have occurred. The same patients may be assessed in the original and follow-up data.

### **B. Feedback Modules (Patient/Peer\* Second Party External Review)**

- Each diplomate must solicit personal performance feedback from at least five peers\* and five of their own patients\*\* concerning the diplomate's clinical activity over the previous three years.
- Each diplomate must then identify opportunities for improvement in the effectiveness and/or efficiency in their practice as related to the core competencies and take steps to implement suggested improvements.



- Remeasurement: within 24 months, each diplomate must collect the same data from at least another five peers\* and five patients to see if improvements in practice have occurred. Feedback may be obtained from the same patients and peers as in the original and follow-up feedback.

\* Peers may include other professional healthcare staff such as, psychologists, social workers, physicians, counselors, and nurses.

\*\* Patients can include those for which the diplomate supervises the care of another provider (e.g., resident).

- Model MOC PIP Peer Feedback and MOC PIP Patient Feedback forms are available on the Forms page at [www.abpn.com/forms](http://www.abpn.com/forms)

**The ABPN recommends that diplomates allow ample time for completion of PIP Units. It may take diplomates 24 months from the date that the original data is collected from patients and peers to complete one PIP Unit.**

**The Board may approve additional programs over time. The ABPN reserves the right to approve or reject any course or guideline submitted for approval.**

### Clinically Active Status

The American Board of Medical Specialties (ABMS) has issued 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.

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

A. Engaged in direct and/or consultative care *sufficient* to complete Performance-in-Practice (PIP) Units.

B. Engaged in direct and/or consultative care *not sufficient* to complete PIP Units.

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

**3. “Status Unknown”:** No information available on the clinical activity of this diplomate.

- Diplomates who are in category 1.A. above are required to complete all components of the MOC Program including PIP Units.

- Diplomates who are in categories 1.B. or 2 above are required to complete all components of the MOC Program, except for PIP Units.

- A change in diplomate status from 1.B. or 2 to 1.A. requires the completion of at least one PIP Unit.



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## FREQUENTLY ASKED QUESTIONS ABOUT MOC (CP-MOC)

(July 2011)

### **1. Why is ABPN moving to a Continuous MOC Program?**

The Continuous Maintenance of Certification Program (CP-MOC) will facilitate the required annual recording and reporting of diplomate MOC participation.

### **2. What are the advantages of participating in the Continuous MOC Program?**

You only pay one small annual fee instead of a large amount every ten years. The ABPN Physician Folios gives you a personalized list of all your MOC activities that you can provide to your employer/hospital/licensing board, if required.

You will be informed on a regular basis of what you must do to meet the MOC requirements so you don't fall behind with requirements.

### **3. Does everyone have to join?**

Beginning in 2012, all diplomates who pass their initial certification or MOC examination must enter into the Continuous Pathway to Lifelong Learning.

Diplomates who pass their initial certification or MOC examination prior to 2012 will not be required to participate in this program unless they elect to do so.

### **4. What about lifetime certificate holders?**

Lifetime certificate holders will not be required to participate in this program unless they elect to do so. However, all time-limited certificate holders will be required to participate in this program beginning with the 2012 initial certification and MOC examinations.

### **5. Why is there an annual MOC program fee?**

The annual MOC program fee covers participation in the ABPN Physician Folios and includes one MOC cognitive examination in a ten-year period. The fee also includes regular email reminders and updates from ABPN so that a diplomate does not fall behind with requirements.

### **6. What if I have multiple certificates?**

The annual fee covers one cognitive MOC examination in a ten-year period. There is only one annual fee collected per diplomate. An annual fee is not collected for every certificate. You will be responsible for the full payment for any cognitive MOC examination taken in addition to the first one.

### **7. What if I take a modular MOC examination (a combination of up to 3 specialty/subspecialties in one examination administration)?**

The modular MOC examination fee is higher than the standard MOC examination fee; therefore, you will be required to pay the difference in fees at the time of registration for the examination.

### **8. What happens if I do not pay the annual fee?**

A diplomate will be reported as 'Not Meeting MOC Requirements' if they do not pay the annual fee.

### **9. What happens if I do not sign on to the ABPN Physician Folios?**

A diplomate will be reported as 'Not Meeting MOC Requirements' if they do not sign on to the ABPN Physician Folios.



**10. What happens if I do not complete all of the MOC requirements?**

A diplomate will be reported as 'Not Meeting MOC Requirements' if they have not met all of the MOC requirements.

**11. What happens if I fail the cognitive MOC examination?**

A diplomate will be reported as 'Not Meeting MOC Requirements' if they fail or miss the cognitive MOC examination. Diplomates will be allowed to retake the examination within one year of the failed/missed examination. If the diplomate fails or misses the cognitive MOC examination on the second attempt, he/she will be reported as 'Not Certified'.

**12. How can I change my status from 'Not Meeting MOC Requirements' to 'Meeting MOC Requirements'?**

A diplomate will be reported as 'Not Meeting MOC Requirements' if they have not met all MOC requirements for one stage (three years). A diplomate may change their status to 'Meeting MOC Requirements' by completing insufficient stage activities, current stage activities, and payment of all required fees.

**13. What if I miss more than 6 years (2 stages) of MOC activities?**

A diplomate will be reported as 'Not Certified' if they miss more than 6 years (2 stages) of MOC activities. Diplomates may change their status back to 'Certified and Meeting MOC Requirements' upon successful completion of all MOC activities included in one stage:

- An unrestricted license(s) and no restrictions on any license
- 24 CME hours of self-assessment (SA) activities
- 90 Category-1 CME hours total (including CMEs from SA activities)
- 1 Performance in Practice (PIP) Unit (one clinical module and one feedback module)
- Pass MOC cognitive examination (pay full fee)



## ABPN Continuous Pathway to Lifelong Learning (CP-MOC) For Diplomates Certified or Recertified in 2012 or Later

MOC Cycle	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12
Examination (Part III)	MOC Exam											
License (Part I)	License Maintained & Verified Continuously											
Self Assessment (Part II)	24 CME credits from Self-Assessment Activities		24 CME credits from Self-Assessment Activities		24 CME credits from Self-Assessment Activities		24 CME credits from Self-Assessment Activities		24 CME credits from Self-Assessment Activities		24 CME credits from Self-Assessment Activities	
CME (Part II)	30 Cat-1 90 CME credits per Stage		30 Cat-1 90 CME credits per Stage		30 Cat-1 90 CME credits per Stage		30 Cat-1 90 CME credits per Stage		30 Cat-1 90 CME credits per Stage		30 Cat-1 90 CME credits per Stage	
Performance in Practice (Part IV)	Minimum One (1) PIP		Minimum One (1) PIP		Minimum One (1) PIP		Minimum One (1) PIP		Minimum One (1) PIP		Minimum One (1) PIP	
Annual MOC Registration Fee	Annual Fee		Annual Fee		Annual Fee		Annual Fee		Annual Fee		Annual Fee	
	3 Annual Fee Payments		3 Annual Fee Payments		3 Annual Fee Payments		3 Annual Fee Payments		3 Annual Fee Payments		3 Annual Fee Payments	
	↓ Milestone		↓ Milestone		↓ Milestone		↓ Milestone		↓ Milestone		↓ Milestone	



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