MAINTENANCE OF CERTIFICATION
A CONTINUOUS PROCESS

In 2011, the American Board of Colon and Rectal Surgery (ABCRS) will transition to a continuous Maintenance of Certification (MOC) program for Board certified specialty physicians along with 23 other medical specialty boards of the American Board of Medical Specialties (ABMS). This change, which has been in development since 1998, reflects our shared belief that medical education is most effective as a continuum rather than an isolated learning event. While the program is guided by ABMS, ABCRS sets the specific criteria for curriculum and training for Colon and Rectal Surgery.

As you are well aware, the healthcare and practice environment for the specialties is changing at an ever accelerating speed and certification matters now more than ever. Our goal is to ensure that Board certified colon and rectal specialists are prepared with the personalized tools and training needed to understand innovations and best practices in the field and meet the expectations of patients, providers, insurers and quality organizations with confidence.

By moving from recertification, with re-testing every 10 years to a continuous process, Board certified specialists advance their practice through lifelong learning and self-assessment and signal their leadership in the national movement for healthcare quality to regulatory agencies and stakeholders.

More specifically, the ABMS MOC program addresses the needs of both physicians and patients. The program offers physicians a process to keep skills and knowledge current in a changing field where vigilance is key to practicing state-of-the-art specialty medical care. It also responds to increasingly sophisticated healthcare consumers who are taking a more proactive role in evaluating who provides their care and how. MOC offers evidence of highly qualified physicians who use best practices and evidence-based standards for care.

HOW MOC WORKS

With the ABMS MOC process, diplomates build six essential competencies. These include patient care, medical knowledge, practice-based learning, interpersonal and communication skills, professionalism, and systems-based practice. These competencies are built through a four-part process for continuous learning.

The ABCRS requirements are:

- **Part I: Licensure and Professional Standing**
  *Every Five Years*
  - Verification of Full Unrestricted License
  - Letter of Recommendation from Chief-of-Staff
  - Documentation of Hospital Privileges

- **Part II: Lifelong Learning and Self-Assessment**
  *Every Five Years*
  - 150 Hours Category I CME Credit
    (Can include CARSEP)
  - CARSEP - Available through the ASCRS
    (A copy of the certificate must be provided for verification).
  - Patient Safety Self-Assessment Module
    (This is a developmental standard and is currently being tested by several boards).

- **Part III: Cognitive Expertise**
  *Every 10 Years*
  - MOC Cognitive Exam

- **Part IV: Practice Performance**
  *Every Five Years*
  - Communications and Interpersonal Skills
  - Clinical Practice Requirements
    (These components are developmental standards and are currently being tested by several boards).
Along with the other 23 ABMS Primary Boards, the ABCRS has endorsed and is required to transition from Recertification to Maintenance of Certification (MOC). Because all the Boards differ in size, scope, and purpose each was given sufficient latitude to tailor their programs to meet the specific needs of their diplomates; however, at the same time, all the Boards were required to stay within the standards and guidelines adopted by all the ABMS Boards as a group. The smaller Boards have been most challenged in the developmental stages by not having the resources to compete with the more sophisticated programs that were created by the larger boards.

Nevertheless, our goal has been to tailor our program in the best interest of our diplomates while keeping in mind that Maintenance of Certification is in the public’s best interest. The Board believes that MOC represents an opportunity for physicians to take a leadership position in the national movement to improve healthcare quality and patient safety through performance assessments founded on objective clinical standards and measurable outcomes. The ABCRS will launch its MOC program beginning January 1, 2011. We have forged a reciprocal agreement with the American Board of Surgery for shared MOC Parts I, II, and IV, so if you are participating in the ABS MOC process, reciprocity will be granted. We continue to be actively involved in the creation of a case log system for MOC Part IV (Practice Performance Assessment) and are pursuing competency based evaluations for individual practitioners.

This has not been without cost; over the years much effort and expense has been directed at developing our Maintenance of Certification process. Most recently, we have transitioned to computerized testing centers, not only for the written examination, but also MOC. While this has resulted in considerable cost-savings for our diplomates, the move has challenged the Board’s resources. The MOC process is complex and requires a great deal of management and tracking.

As a result, our programming expenses have risen and it has become necessary to increase our three-member full-time staff to four. Even so, we will need to purchase additional services and expand the capabilities of our staff. In order to meet the demands of MOC we have expanded the Board by two additional members, and this will add expense. We will be copyrighting the exams for security purposes - also an expense. In fact, everything we do emphasizes the need to increase revenues.

To compensate for the additional expenses, most Boards are now assessing their diplomates a mandatory annual MOC Fee; the amount varies from board to board. After considerable discussion, the Board voted to follow suit by initiating a mandatory annual Maintenance of Certification Fee for all ABCRS Diplomates with time limited certificates who wish to maintain their certification. Currently our diplomates are asked to contribute $175 annually. This fee is considered a voluntary donation which is not tax deductable. Beginning January 1, 2011, the fee will be increased to $300. It will be mandatory and is tax deductable. However, newly certified diplomates will not be charged in their first year of certification. Also, starting this year, the Board will accept on-line credit card payment for all its fees, which will be an added convenience for many diplomates.

With 1571 active diplomates, our Board is the smallest of the 24 primary ABMS Boards, and our examination fees are among the lowest of all of the Boards. In part, this is due to the requirement that all of our diplomates must first achieve certification by the American Board of Surgery, and we acknowledge that there is a greater aggregate cost to achieve dual certification. Also, because we certify only about 80 diplomates per year, the payment of examination fees for this small number of candidates does not sufficiently cover the cost of conducting the examinations when compared to the larger boards that certify 500 or more diplomates per year and charge higher exam fees. Unlike the larger Boards, our income sources are limited, but we maintain a close and amicable relationship with the American Society of Colon and Rectal Surgeons, which provides our Board with an annual subsidy. We are grateful for their generosity, however, our philosophy is to be self-supporting and to maintain independence from the ASCRS; thus, we constantly strive to find additional income from other sources.
The Board believes that physicians benefit from participating in MOC because they receive focused learning based on individual practice needs, increase efficiency and reduce malpractice premiums, as well as the need for duplicate assessments of credentials, among other benefits. In fact, MOC is recognized as an important quality marker by insurers, hospitals, quality and credentialing organizations, as well as the federal government. Through the MOC program, board certified physicians advance the standard of specialty medical care nationwide.

MOC is an active process of assessment and continuous professional development and requires participants to demonstrate ongoing competency and keep pace with advances in their field of medicine throughout their entire careers. For these reasons, we strongly encourage diplomates, who hold unlimited certificates, to participate in the MOC process.

On behalf of the entire Board, please accept our gratitude for the loyalty and support the Board has received from its diplomates over the years. We wish you a wonderful holiday season and best wishes for the coming New Year!
MAINTENANCE OF CERTIFICATION DATES

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LEARN MORE ABOUT MOC

While MOC ensures better clinical outcomes for patients, it also creates practice efficiency, ensures fewer hassles, less redundant paperwork and builds influence for Board certified physicians.

To learn more about the benefits and opportunities of MOC – as well as other ways the American Board of Medical Specialties is setting and expanding quality standards for specialty care – visit www.abms.org.

To learn more about the American Board of Colon and Rectal Surgery’s MOC curriculum, training requirements and exam deadlines and fees, visit the ABCRS Website at www.abcrs.org, or contact the ABCRS Maintenance of Certification Chairman, Anthony J. Senagore, MD at: asenagore@sbcglobal.net.