

# American Board of Colon & Rectal Surgery Diplomate News

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## *Maintenance of Certification Fosters Excellence and Encourages Continual Learning* *David J. Schoetz, Jr., MD, Executive Director*



As the requirements for Maintenance of Certification (MOC) continue to be redefined and pressure increases from the public for ongoing rigorous assessment of competency based quality improvement, the Board continues to fine-tune its MOC process to address the needs of its diplomates and its patients. Clearly, the public no longer accepts an examination based on a 10-year interval (which was the foundation for the former "Recertification") as satisfactory demonstration of commitment to quality and safety.

The recent trend among the ABMS boards is to shorten the reporting and learning cycle from five-year time frames to three, and in some instances eliminate cognitive examinations and make MOC an ongoing process from the point of initial certification. Pediatrics was the first Board to initiate these modifications and others will likely follow suit. For now, our Board will shorten its five-year reporting cycles to three-years. The practical ramifications of this are that annual MOC requirements will be greater for each diplomate. We will also continue to examine the current ten-year examination cycle as being non-responsive to the public, in that taking and passing a secure multiple choice exam has not been demonstrated to equate to competence.

Part II of MOC is the commitment to life-long learning, and the definitions of acceptable CME for this component are increasingly being redefined. More emphasis is being placed on self-assessment and soon that will represent a sizeable percentage of the total MOC CME that is required by the Board. This will become evident as the ASCRS implements changes at its annual meetings which will have

designated MOC-CME sessions (with learning goals and objectives) and self assessment questions.

The American Board of Colon and Rectal Surgery will adopt similar requirements to that of the American Board of Surgery, so that maintenance of both certificates will be facilitated. Clearly, the acceptable educational tools for realistic CME will be under scrutiny, as well as self-assessment vehicles such as CARSEP and SESAP. As the program evolves, we will assist our diplomates with record keeping. We hope to provide available on-line learning opportunities for topics such as Safety, Quality Measurement, and others that cross all specialties and for which other Boards have developed and approved educational programs.

Part IV of MOC continues to be the greatest challenge, particularly for procedure-based specialties. Currently, we are working with the American College of Surgeons and the American Society of Colon and Rectal Surgeons to develop prospective registries for data collection that can eventually be joined with educational modules from the Society's Colon and Rectal Educational System Template (CREST) project. We have broadened the recognized and acceptable quality registries from NSQIP and SCIP to include the University HealthSystem Consortium (UHC) database and any other validated vehicles for practice based performance improvement.

### **PEARSON VUE TESTING CENTERS**



**FUTURE ABCRS**

**MAINTENANCE OF CERTIFICATION DATES**

- **Wednesday, May 9, 2012**
- **Thursday, May 9, 2013**

## **Maintenance of Certification Fosters Excellence and Encourages Continual Learning**

Procedural competency is *in fact* what we are trying to teach, measure, and improve. In one of the most exciting undertakings in recent memory, the ASCRS funded a project that utilized expertise within our own specialty to develop a *Colorectal Objective Structured Assessment of Technical Skill (COSATS) Examination* that was piloted in Toronto in June 2011. It was developed by Dr. Sandra de Montbrun and her mentor Dr. Helen MacRae. The Operative Competency Committee, under the leadership of Dr. Patricia Roberts, with representation from the ASCRS, ABCRS, and APDCRS developed an objective method of technical skill assessment for graduating colorectal residents. The skills examination of anorectal, endoscopic, open and laparoscopic procedures was developed using synthetic, animal, and cadaveric models. Ten graduating general surgery residents were compared to 10 graduating colorectal residents. Expert colorectal surgeons evaluated their performance using a task specific checklist and a global rating scale. Both checklist and global rating scores discriminated between general surgery and colorectal residents and (using the overall exam score), nine colorectal residents would have passed; comparatively, only three general surgery residents would have passed. Thus, COSATS effectively discriminated between general and colorectal surgery residents.

The ASCRS is thoroughly committed to the concept and will fund the next step with a larger group of residents at a single site to assess the broader applicability of this examination. The intention of the American Board of Colon and Rectal Surgery is to eventually transition to procedure-based assessment for primary certification, as well as for Maintenance of Certification.

The Board is also intimately involved in the Milestone Project, a partnership between the ACGME and the specialties to create a series of milestones within the six competencies that are expected to be accomplished at a certain level during training. Dr. Charles Whitlow, who is a member of the Board and its representative on the Residency Review Committee, heads this activity along with representation from other boards. Ultimately, the milestones should form the basis for assessment of satisfactory training and will direct the certification process.

Time-unlimited certificates are under intense scrutiny by the public, and there seems to be a preconceived notion that physicians who are not required to participate in MOC are among those that are most in need of the process. As of May, 2011 the total number of active diplomates was 1623; of these, 454 (28%) have time-unlimited certificates (grandfathered). Of the 454, 185 (41%) are age 62 or younger. While the Board does not intend to change its policy regarding time-unlimited certificate holders, voluntarily entering the MOC process would demonstrate their commitment to quality. Having done this myself, I can assure you that it is easier than it seems and is something that does compel one to maintain currency.

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 send our best wishes for the coming New Year!

### **MOC COMMITTEE MEMBERS**

**Anthony Senagore, MD – Chairman**

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**Matthew Mutch, MD  
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Temple, Texas**

## **ABCRS MOC CME REQUIREMENTS UPGRADED**

The Board’s MOC Committee recommended that the CME requirements be made more rigorous and consequential, which the Board approved. Since our Board has a reciprocal agreement with the American Board of Surgery related to MOC, the proposed changes will closely coincide with those of the ABS, and beginning January 1, 2012 will be as follows:

<b>PART II – Lifelong Learning and Self-Assessment – Every Three-Years</b>	
<ul style="list-style-type: none"> <li>• <b>Continuing Medical Education (CME)</b></li> </ul>	<ul style="list-style-type: none"> <li>• A Minimum of 90 hours of Category I CME to be completed over a three-year cycle.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Self-Assessment Activity (every three-years)</b></li> </ul>	<ul style="list-style-type: none"> <li>• Completion of CARSEP or SESAP</li> <li>• Completion of 90 hours of Category I CME credits (may include CARSEP or SESAP)</li> </ul>

<b>ABCRS/ABS MOC Reciprocity Agreement</b>
<p><b>Reciprocity will be granted to those colon and rectal surgeons who are participating in and fulfilling the requirements of the American Board of Surgery MOC process. With submission of proper documentation, only two additional requirements will be necessary:</b></p>
<ol style="list-style-type: none"> <li><b>1. Completion of CARSEP or SESAP at a minimum of every three-years.</b></li> <li><b>2. Successful completion of a secure exam administered by the ABCRS every 10 years.</b></li> </ol>

### **MOC PART IV**

The Board continues to develop viable options for the Part IV (Evaluation of Performance in Practice) component and believes it should represent a clear value added process for our surgeons, as well as our patients. Several options for compliance of the Part IV component will be accepted including:

1. ***The ACS Case Log System***, a Surgeon-Specific Registry being modified to accommodate diplomates in complying with the Part IV requirements of MOC. *Currently the MOC Committee is working with the ACS to make this option available to our diplomates more cost-effectively; in particular, for those diplomates who are not currently ACS members.*
2. ***Hospital participation in the National Surgical Quality Improvement Program (NSQIP)***, recognized by the surgical community as the standard for the comparative assessment of quality of surgical care and for continuous improvement in surgery.
3. ***Hospital participation in the Surgical Care Improvement Project (SCIP)***, a national quality improvement project designed to improve surgical care in hospitals.
4. ***University HealthSystem Consortium (UHC)***, a data collection tool for performance improvement.
5. ***Other Databases*** (Local, Regional, or National).

**Maintenance of Certification – Update**  
**Anthony J. Senagore, MD, MS, MBA**



In his message in this month’s newsletter, Dr. David Schoetz articulately defined the developments that contributed to the evolution from Recertification to Maintenance of Certification (MOC), an ongoing process which impacts the way all ABMS board certified diplomates must accumulate and report their educational activities.

An unforeseen benefit is that 20 states are allowing participation in MOC as a vehicle to Maintenance of Licensure (MOL).

In order to provide a portfolio of tools to satisfy the requirements for MOC, Ongoing Professional Practice Evaluation (OPPE) and licensing needs, the MOC Committee and the members of the Board are working diligently to coordinate the burgeoning numbers of programs that are available for this purpose.

Additionally, the MOC Committee is striving to identify and qualify all self-assessment CME that will be acceptable for MOC credit. In cooperation with the ABCRS, the Society has “raised the bar” on their CME activities. Participants must now take both a Pre and Post Self-Assessment test and attain a score of 80% or higher on the Post-test in order to receive a certificate for up to 50 hours of CME Category I Credit. (Details of this are available through the ASCRS and are illustrated in the table on page 5). These changes have been made to measure the effectiveness of the CARSEP program and to provide participants with a tool to show the areas in which they need to study. Although this will be a new concept to our diplomates, it is anticipated that many of the current surgical society meetings, journal offerings, and on-line courses will develop suitable material for satisfying the criteria. It is anticipated that the committee will provide an increasingly expansive list of offerings which can be accessed by our diplomates, and the ASCRS has generously offered to partner with the ABCRS to provide specific test materials in conjunction with this year’s annual meeting symposia and scientific sessions that will be useful to meet this goal. As Dr. Schoetz mentioned, both CARSEP and SESAP will meet these needs if submitted for scoring.

MOC Part IV (Assessment of Practice Performance) will require significant work in order to provide a high quality, value added program for our diplomates. Our goal will be to create tools that are relevant to their clinical practice, yet minimally intrusive to their practice needs. These tools will need to mature to a level that will allow us to measure specific details and, ultimately, to assess the performance and improvement aspects that are required in Part IV. It is likely that the tools will intersect with our Part II activities to demonstrate simultaneous knowledge acquisition and implementation of meaningful process measures for the purpose of outcome improvement. These programs will occur on a three-year cycle. A surgeon-centric, procedure-specific data registry is being cooperatively developed by the American College of Surgeons and the American Society of Colon and Rectal Surgeons and should be an important tool for our diplomates. We will continue to accept participation in NSQIP and SCIP, as well as the University HealthSystem Consortium (UHC) database.

The MOC Committee is striving to successfully adapt our prior recertification process to the more expansive ongoing MOC process, while being cognizant of the need for a program that provides a high value to our diplomates and the patients we treat. Ultimately, our goal is to develop a coherent and consistent process with clearly defined milestones and modest record maintenance needs.

On behalf of the MOC Committee, I thank our diplomates for contributing to the high quality of care and professionalism that colon and rectal surgical specialists provide to our patients and colleagues.

Happy New Year to all!

**MOC EXAM RESULTS**

**The second MOC Examination through Pearson Vue Testing Centers was given on Friday, May 6, 2011. The results are:**

Year	#	Passed	%	Failed	%	Max	Min	Avg
2011	107	107	100%	0	0%	94%	74%	86%
2010	87	87	100%	0	0%	97%	75%	90%

**ASCRS CARSEP VIII**  
**Requirements for**  
**MOC CME Category I Credit**

*CARSEP VIII is available for purchase from the American Society of Colon and Rectal Surgeons at:*

85 West Algonquin Road, Suite 550  
Arlington Heights, Illinois 60005-4460  
Phone: (847) 290-9184 - Fax: (847) 290-9203  
Website: [www.fascrs.org](http://www.fascrs.org)

*The program will be mailed to you, and will include:*

- a. *Syllabus VIII*
- b. *Pre-Test (to be completed and returned)*
- c. *Self-Assessment Exam Booklet*
- d. *Numbered Post-Test*  
*(to be completed and returned)*

*Completing the following steps will be necessary to receive CME Credit:*

*Step I - Pre-Test* - *Complete the Pre-Test prior to studying the Syllabus.*

*Step II - Study the Syllabus* - *Review all the critiques related to questions in the category you are deficient, and study the suggested references listed for each category.*

*Step III - Self-Assessment Exam (Post-Test)* - *Complete the Post-Test and return it, as well as the Pre-Test, to the ASCRS.*

- ✓ *Upon confirmation that the Syllabus has been studied (and a score of at least 80% has been achieved on your Post-Test), the ASCRS will forward a certificate for up to 50 hours of Category I CME Credit.*
- ✓ *A score of 80% is in compliance with the new MOC requirements which will take effect in 2012.*
- ✓ *Complete details are available from the ASCRS.*

**CHECK YOUR MOC STATUS**  
**AND UPDATE YOUR PROFILE**  
**ON THE ABCRS WEBSITE**

The American Board of Colon and Rectal Surgery database is available online to diplomates. You can access your MOC status, view requirements, and download tools and information that will help you to complete the required MOC components. New tools and information are added frequently, so we encourage you to visit the site periodically to learn new developments and to check on your MOC status. In particular, we ask that you verify your current email address and personal information so we can keep the line of communication open.

Here's how to access your MOC information:

- Login to: [www.abcrs.org](http://www.abcrs.org)
- Click on Login Services
- Enter your Username and Password
- Click on Submit
- Click on MOC

Here's how to access your profile and make changes:

- Login to: [www.abcrs.org](http://www.abcrs.org)
- Click on Login Services
- Enter your Username and Password
- Click on Submit
- Click on Profile --  
*(to view or change your contact information)*
- Click on Edit Profile
- Click on Edit
- Enter Your Changes
- Click on Submit



**[WWW.ABCRS.ORG](http://WWW.ABCRS.ORG)**  
E-Mail: [admin@abcrs.org](mailto:admin@abcrs.org)

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Colon & Rectal  
Surgery**

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**American Board of Colon & Rectal Surgery**

***Board Membership Increased***

*At the Interim Meeting in April 2011, a decision was made to increase the size of the Board by two additional members, and at its Annual Meeting in September 2011; two new Board members were elected. They are Doctors Judith L. Trudel, St. Paul, Minnesota, and Mark L. Welton, Stanford, California. They will be representatives of the American Board of Colon and Rectal Surgery, which will increase the ABCRS representatives from four to six. There are now 16 members in the following categories:*

- **6 ABCRS** - **American Board of Colon & Rectal Surgery**
- **1 ABCRS** - **Executive Director**
- **4 ASCRS** - **American Society of Colon & Rectal Surgeons**
- **2 ACS** - **American College of Surgeons**
- **1 ABS** - **American Board of Surgery**
- **2 APDCRS** - **Association of Program Directors for Colon & Rectal Surgery**

***Board members normally serve two four-year terms***

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