Maintenance of Certification:

One component of an increasing focus on reducing medical errors and validating professional competence

Per Halvorsen, MS, DABR
February 2006
Outline

- The national focus on medical errors and quality in health care
- The ABMS imperative
- The ABR’s response – the current MOC program
- The medical physics community’s first impressions and the AAPM’s course of action
- Where do we go from here?
The national focus

- Past 2 decades → focus on medical errors and healthcare quality (adverse incidents, studies by US government-supported groups).

- Result: increased concern with verifying the quality of healthcare delivery and healthcare professionals’ competence.
The Institute of Medicine

- In 2000, the NAS-sponsored Institute of Medicine published its first book in a series on healthcare quality, titled “To err is human.”
The Institute of Medicine

- Concluded that \( \approx 98,000 \) patients die each year as a result of medical errors.

- Two key recommendations:
  1. Standardize procedures
  2. Regularly validate professional competence.
“Recommendation 7.2:

Performance standards and expectations for health professionals should focus greater attention on patient safety.

Health professional licensing bodies should:

(1) Implement periodic reexamination and relicensing of doctors, nurses and other key providers, based on both competence and knowledge of safety procedures, and

(2) Work with certifying and credentialing organizations to develop more effective methods to identify unsafe providers and take action.”
The ABMS

- The American Board of Medical Specialties:
  - Formed in 1933
  - 24 member boards, including the ABR.
- 1940’s: Advocated time-limited certificates
- 1973: Formal position favoring recertification
- 1993: Requirement for member boards to develop recertification programs.
- Redefined the programs as MOC programs.
The ABMS’ four components of MOC

1) Professional standing – license to practice (or equivalent attestation)

2) Lifelong learning & self-assessment: Ensures that diplomates remain current in their field

3) Cognitive expertise: Re-examination with focus on recent developments in the profession

The ABMS’ imperatives

- All programs must contain the four components
- Must validate six core competencies:
  1. Medical knowledge
  2. Patient care
  3. Interpersonal & communication skills
  4. Professionalism
  5. Practice based learning & improvement
  6. Systems based practice (integration with other healthcare specialists)

- The exact design or testing method of each MOC program is not dictated by the ABMS – but each MOC program must be reviewed and approved by an ABMS oversight committee.
The ABR’s response

- 1998 - Created a Physics Recertification Committee:
  - William Hendee, chair
  - Ed Chaney
  - Guy Simmons
  - Dan Bourland
  - Tom Payne
  - Don Frey
  - Rod Wimmer
  - E. Russell Ritenour
  - Jon Trueblood
The ABR’s response

- 2001: Meeting with all sponsoring organizations to help plan the MOC program:
The ABR’s response

- 2004: Follow-up meeting with sponsoring organizations on strategies for implementation of the MOC program
- Aug 2005: Summit meeting with all societies on issues concerning the Self-Assessment Modules.
The ABR perspective

Responsive to ABMS imperatives

Sensitive to diplomates & sponsoring societies
ABR MOC program – v. 1.0

Attestation letters from ABR-cert physicist & rad / radonc

≥500 CE: ≥150 SDEP mandatory @ 15 each. ≥200 SAM

3 web exams, administered 1x/yr. Physicist must arrange proctor.

Performance in Practice project: One/decade, additional to SDEPs.
ABR MOC program – v. 1.1 Beta

Active license or attestation letters

≥500 CE: SDEPs optional @ 15 each. ≥200 SAM

1 exam at ≈ year 8, at national testing centers.

Performance in Practice: Project or peer review?
"In the trenches" physicist response

Resistance to v.1.0 - impractical

All ABMS societies handled the same.
Lifers can join MOC – issued a parallel, time-limited certificate that can expire

"Head in the sand" approach!

MOC is reality for all medical specialties.

Physicists are well served by being a medical specialty - we work in hospitals!
Where’s the AAPM?

- Pre-2005: Below the radar of most full-time clinical physicists

- RSNA Nov 2005: Formed a Task Group on MOC jointly represented by the Professional and Education Councils - include significant number of MOC’ers

- TG has full support of AAPM leadership - resources made available to ensure swift action.
Task Group 127

Michael Yester, chair
Cont Prof Dev chair

Per Halvorsen, vice chair
Prof Info chair

10 members + HQ staff
7 MOC’ers, Therapy & Diagnostic
Academic & private
ABMP-with-equiv.
Task Group 127 members

- Gyongyver Bulz
- Bob Dahl
- Lynne Fairobent (HQ)
- Per Halvorsen
- Dimitris Mihailidis
- Bruce Thomadsen
- Michael Yester

- Jay Burmeister
- Sean Dresser
- Jeff Garrett
- Tyler Lembcke
- Michael Taylor (OR)
- Sharon White
TG127 status

Correspondence with Stephen Thomas, conference call Dec 23 to clarify ABR position and program status

Immediate milestone 1:
Recommendations to ABR, analysis of impact on professional practice

Immediate milestone 2:
Clear, concise & current info on MOC program
TG127 longer term

Intermediate milestone:
Work with ABR to define programs that will satisfy MOC

Long term milestone:
Implement modules (e.g. revised version of RDCE) that members can use to fulfill MOC requirements.
TG127 has a forum on the AAPM BBS for input from all members. Join the discussion!

**What's New**
Welcome to the new website! As this is an ongoing process, please bear with us as pages are converted. I would appreciate notification of any broken links, missing pages, etc. Also feel free to send me your thoughts. Thank you.

**TG 127 MOC**

<table>
<thead>
<tr>
<th>Forum name</th>
<th>Threads</th>
<th>Messages</th>
<th>Last post</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Discussion</td>
<td>1</td>
<td>4</td>
<td>RF: Iwe's comments</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2005-12-17 9:13 AM by Halvorsen_1840</td>
</tr>
</tbody>
</table>
Great to get things going so quickly. However, by reading both the task group mission statement, and Per's 5 points, I am getting already a little disappointed.

As I understand, this task group was formed in response to a large number of time limited certificate holders complaining about the intended MOC process, which is both extremely onerous, and favoring those with academic affiliations. The first and foremost duty of this TG, I would submit, is therefore to come up with a set of requirements that is more reasonable, and work on its implementation. Frankly, everything else would be a disappointment.

Now, in the charge statement of this TG, nothing of this kind is explicitly stated! The only point that may cover this, "Act as a resource to the ABR trustees..." is very, very weak. A "resource" may get utilized, or it may not.

Similarly, Per Halvorsen's 5 points start out great: First, clarify precisely what the ABR expects us to do, since they have not been able to to tell us that so far in complete clarity. Then, review the impact of these requirements on ABR diplomates in different working environments. That second point should not take too long. But then, I would suggest, expeditiously come up with a list of proposed changes. And I mean changes, not "refinements" as suggested way down under point 4 (unless for example you call a reduction of the number of written exams from 3 to 1 a mere "refinement"!)

Only after the Task Group has eased the burden of recertification to a tolerable level should they use their limited time to discuss and implement AAPM assistance. I realize that this is an important point, too, but again, please do not forget the initial main priority in the minds of most of us who are affected: Make the MOC requirements reasonable!

Respectfully,
Uwe Myler
<table>
<thead>
<tr>
<th>Thread Subject</th>
<th>Author</th>
<th>Views</th>
<th>Replies</th>
<th>Last Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Starting point</td>
<td>Halvorsen_1840</td>
<td>75</td>
<td>3</td>
<td>RE: Uwe's comments &gt; 2005-12-17 9:13 AM by Halvorsen_1840</td>
</tr>
</tbody>
</table>

Random quote: The difficult we do today; the impossible takes a little longer.
- (Added by: Woodward)
Task Group 103 – peer review

- Recommends a specific process for peer review, provides the tools for reviewer to ensure efficient use of time & consistent reviews.
Task Group 103 – peer review

89
1-888340-52-5
9781888340525


103


Online Only Reports

OR-01


www.aapm.org - /pubs/reports/103_Checklists/

[To Parent Directory]
Tuesday, January 03, 2006 9:51 PM <dir> _notes
Monday, December 05, 2005 11:21 AM 50176 AdministrativeQuestionnaire.dot
Monday, December 05, 2005 11:21 AM 68608 ChartReviewChecklist.dot
Monday, December 05, 2005 11:21 AM 82432 FacilityChecklist.dot
Monday, December 05, 2005 11:21 AM 57856 InstrumentationChecklist.dot
Monday, December 05, 2005 11:21 AM 49152 QAQuestionnaire.dot