

ABNM Maintenance of Certification: Getting It Right

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In February 2015, the American Board of Internal Medicine (ABIM) issued a public statement regarding its Maintenance of Certification (MOC) Program titled, “We Got It Wrong. We’re Sorry.” Although the ABIM was responding to criticism specific to its program, widespread concern has focused on the larger American Board of Medical Specialties (ABMS) MOC program, which was updated in 2015. These concerns include the burden in terms of time and cost to meet MOC requirements when these have not been accompanied with convincing proof of value. Specific criticism has been leveled at Part 3: Assessment of Knowledge, Judgment, and Skills, with the contention that closed-book tests are no longer relevant when physicians can easily access online resources while caring for patients. Part 4: Improvement in Medical Practice also has been criticized for being difficult to understand and track—as well as being redundant for physicians who participate in quality improvement activities with their medical groups and hospitals. Cynics believe that MOC is a money-making enterprise controlled by individuals not directly involved in patient care and who have lost contact with the realities of day-to-day clinical practice.

The American Board of Nuclear Medicine (ABNM) MOC program was launched in 2006. The board has been working to make the program more relevant, user friendly, and meaningful for all diplomates, including physicians with time-limited certificates issued since 1992 as well as physicians with lifetime certificates.

The ABNM has enhanced Part 2: Lifelong Learning and Self-Assessment, with a reference list of key articles to help busy physicians identify the most important and useful citations. To facilitate preparation and allay anxiety these key articles will also be the source for approximately 30% of the content of the Certification and Recertification (MOC) examinations. Some of the key articles include continuing education articles published in *The Journal of Nuclear Medicine*, which provides American Medical Association Category 1 Continuing Medical Education (CME) credit, as well as Self-Assessment Module (SAM) credit, free of charge for SNMMI members. The plan is for all of the key articles to have open access and eventually to offer free SAM credit. A list of the key articles is available at www.abnm.org.

The ABNM MOC exam is written by the board members, who are practicing physicians from a wide variety of practice settings. The MOC exam has about 140 multiple-choice questions and takes about 3.5 hours to complete. Questions

are geared to practicing physicians and test clinical knowledge and interpretive skill. The first-time ABNM MOC pass rate is typically higher than 95% each year. The ABNM has begun discussing options to the traditional multiple-choice secure examination, recognizing that physicians’ clinical practice may have become specialized over the years and that practical knowledge is regularly accessed on the Internet on a day-to-day basis.

The ABNM has developed several optional practice improvement projects for Part 4: Improvement in Medical Practice. These projects are available without charge on the SNMMI website at www.snmmi.org. Physicians can also develop their own projects. The ABNM also gives credit for practice improvement projects that physicians complete to meet the requirements of other ABMS member boards. The ABNM recognizes, however, that keeping track of these projects may be difficult, so is developing a new option in the form of a survey tool. The new project will be a practice guideline–based survey that can be completed by individuals or groups of physicians, with the help of nuclear medicine technologists and administrative personnel. Survey results will be aggregated to produce a national practice profile, which will be sent to each participating physician to enable comparisons of local practice with national data. It is anticipated that when practitioners or practices recognize themselves as outliers in this benchmarked data, changes in practice will result. It is hoped that this survey-based project will be easy to complete and provide valuable results.

Finally, the ABNM believes that participation in MOC should be not only easy and valuable but also cost effective. For this reason, the ABNM began to phase out the MOC examination fee in 2012, recouping the cost in the annual fee paid by participating physicians, which has been \$400 since 2012. The current MOC examination fee is \$1,230, which will decrease by \$205 each year until it disappears in 2021.

The ABNM is trying to “get it right” by designing an MOC program that is easy, valuable, and cost effective. Stakeholder input is extremely important for continued development. Please share your thoughts by writing to me at abnm@abnm.org.



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