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**Maintenance of Licensure Implementation Group
A MOL Proposal Template**

A companion report to the
**Advisory Group on Continued Competence of Licensed Physicians
Report on FSMB Maintenance of Licensure Initiative**

Revised by Implementation Group September 10, 2010 Draft

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MAINTENANCE OF LICENSURE
DRAFT TEMPLATE PROPOSAL**

EXECUTIVE SUMMARY

The Maintenance of Licensure Implementation Group Report is a follow-up to the Report of the Advisory Group on Continued Competence of Licensed Physicians adopted by the FSMB House of Delegates in April 2010. Together, these Reports advance the Federation of State Medical Boards' (FSMB) policy that state medical and osteopathic boards have a responsibility to the public to ensure the ongoing competence of physicians seeking license renewal. Written to be consistent with the Advisory Group Report, the Implementation Group report provides more detailed guidance to state medical and osteopathic boards as they design and implement Maintenance of Licensure (MOL) programs.

Overall Goal of MOL

When fully implemented nationwide, it is anticipated that all licensed physicians will be engaged in a culture of continuous quality improvement and lifelong learning assisted by objective data and resulting in significant and demonstrable actions that result in the improvement of patient care and their practices.

Offering recommendations for every state medical and osteopathic medical board to consider, this report is built on the belief that the attached plan represents a rational and well-considered proposal to facilitate such engagement of physicians in a culture of continuous improvement and to assure the public, through a verifiable and reproducible system, that physicians are engaged in such an effort. Additionally, we believe that such an MOL plan can be a proactive and reasonable expectation of physicians – an expectation that enables them to demonstrate their commitment to continual improvement without being overly burdensome or creating barriers to patient care or physician practice.

Establishing a Maintenance of Licensure Program

Maintenance of Licensure is a system of continuous professional development requiring physicians to demonstrate, as a condition of license renewal, their involvement in lifelong learning that is objective, relevant to practice and improves performance over time. We believe SMBs should require, as a condition of license renewal, that all licensed physicians periodically demonstrate their engagement in an ongoing program of professional assessment and continuous improvement throughout their careers. The FSMB is committed to providing SMBs with guidance and support so that the entire community of state medical and osteopathic boards can move forward to fully implement Maintenance of Licensure within 10 years.

Recommendation: The entire MOL program should be implemented as expeditiously as possible with SMBs moving forward together. For practical reasons, some SMBs may institute MOL in a phased implementation in which each phase should take no longer than three years. Regardless of the implementation approach, all SMBs should complete the implementation process within a 10 year period.

Lifelong Professional Improvement: Three Components

After a careful SMB preparation phase, all fully implemented MOL programs should have three components:

- MOL Component One: Reflective Self-Assessment
- MOL Component Two: Assessment of Knowledge and Skills
- MOL Component Three: Performance in Practice

As part of their professional obligation, physicians continue their commitment to ongoing lifelong learning to maintain and improve their skills and to learn new and updated knowledge affecting their medical practices. Building on this long-standing professional commitment, Component One begins with the established CME system. Component One of MOL is designed to be the licensee's self-directed, but objectively verifiable, learning activity.

MOL Component One: Reflective Self-Assessment

Recommendation: State medical and osteopathic boards should require each licensee to complete accredited Continuing Medical Education (CME), a substantial portion of which is practice-relevant and supports performance improvement.

Component Two relies on objective or external knowledge and skills assessments to produce data to identify learning opportunities. Many types of external assessments are structured, valid and practice-relevant and can provide valuable individual and comparative data for physicians to use to maintain their skills and knowledge. All of these external assessments, such as formalized examinations, should be available options from which physicians can choose as SMBs consider the implementation of MOL Component 2.

MOL Component Two: Assessment of Knowledge and Skills

Recommendation: State medical and osteopathic boards should require licensees to undertake objective knowledge and skills assessments to identify learning opportunities and guide improvement activities.

Component Two activities should meet all of the following criteria:

- 1) be developed by an objective third party (could include SMBs);
- 2) be a structured, validated and consistently reproducible tool/activity;
- 3) be credible with the public and profession;

- 4) provide meaningful assessment feedback to the physician licensee appropriate to the scope of the activity to guide subsequent education; and
- 5) provide formal documentation that describes both nature of the activity (i.e., content and areas assessed) and attainment of a prospectively defined standard or benchmark.

Component Three qualifying activities could include a variety of methods that incorporate reference data to assess physician performance in practice as a guide to improvement. In order to continually improve performance, physicians should use data derived from their own practices to see how their outcomes compare within their own practice (e.g. intra-practice variation) and externally with their peers.

MOL Component Three: Performance in Practice

Recommendation: State medical and osteopathic boards should require licensees to assess the quality of care they provide compared to peers and national benchmarks and then apply best evidence or consensus recommendations to improve and subsequently reassess their care.

Periodicity Requirements

Implementation of all MOL components is conceptualized as a multi-year cycle that would be completed within 10 years or less, with each Component being documented periodically during this 10 year cycle. Regardless of the actual licensure cycle within each SMB jurisdiction, the goal of MOL is continuous, ongoing professional development. To facilitate license portability, SMBs should strive for consistency in the creation and execution of MOL programs.

Recommendation: State medical and osteopathic boards should require each licensee to complete a minimum Component One activity on an annualized basis, as defined by the SMBs, that includes a specific portion devoted to practice-relevant and performance improvement CME activity, and to complete both one Component 2 and one Component 3 activity every five years.

Board Certification in the Context of MOL

MOL will enable SMBs to demonstrate that their physician licensees are actively engaged in a career-long program of professional assessment and improvement. MOL, Maintenance of Certification (MOC) and Osteopathic Continuous Certification (OCC) are similar in that they each demonstrate a commitment on behalf of a physician to life-long learning and self-assessment through a variety of approaches, although they are in no means identical in purpose or design.

Recommendation: State medical and osteopathic boards should consider physicians who provide evidence of successful ongoing participation in either an ABMS Maintenance of Certification (MOC) or AOA Osteopathic Continuous Certification (OCC) program to have satisfied the participation in all three components of MOL.

Need For More Information about Physician Practices

Two aspects of physician practice are particularly challenging within the MOL paradigm: actual clinical practice versus specialty training/designation and non-clinically active physicians. In both instances, there is little data about individual licensees and their types of practice and the nature of those practices.

Recommendation: State medical and osteopathic boards should regularly collect data from individual licensees about the extent of their engagement in active clinical practice and the nature of their daily professional work.

Consistency across Jurisdictions

One of the key issues identified in discussions with SMBs and other stakeholders has been the desire for uniform implementation across states. Recognizing the differences in resources, statutes and operations across states and acknowledging that implementation of MOL should be within the discretion and purview of each SMB, this MOL program is designed to be flexible to meet local considerations. At the same time, physicians are concerned about an overly burdensome MOL program where they might have to meet varying criteria to maintain licensure in different states. Widely divergent standards from state to state may hinder physician mobility and thus impact patient care.

Recommendation: State medical and osteopathic boards should strive for consistency in the creation and execution of MOL programs.

Role of FSMB

The FSMB will continue to support its member boards as they undertake the implementation of Maintenance of Licensure across their jurisdictions. As part of these efforts, the FSMB will engage in activities such as the development of a “Toolbox” of resources to assist SMBs and physicians in navigating the MOL landscape, including further exploration and explanation of potential tools that physicians could use to comply with MOL requirements, assistance, when necessary, with development of model statutory language to enable a board to implement MOL, and clear and consistent communication with SMBs and the broader medical community regarding MOL.

The FSMB also remains committed to the continued refinement of these guidelines to best support and serve its membership in the development, implementation and maintenance of MOL programs that, we believe, will have a positive impact on patient care and physician practice.

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Future Directions

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Maintenance of Licensure will be an evolving program and will take time and attention to be fully realized nationwide. During that time, the Implementation Group recommends that FSMB continue to serve as a “center” for MOL development and implementation and, as a part of this role, lead an organized effort to encourage states to share with each other what is working and what may need improvement in order to define best practices for all MOL programs.

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PREAMBLE

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This report is a follow-up to the Report of the Advisory Group on Continued Competence of Licensed Physicians adopted by the FSMB House of Delegates (HOD) in April, 2010. Written to be consistent with the Advisory Group Report, this report is intended to provide more detailed guidance to state medical and osteopathic boards (collectively referred to as SMBs throughout this report) as they consider implementation of Maintenance of Licensure (MOL) programs. We are indebted to Dr. J. Lee Dockery, Chair of the Advisory Group, and his team of experts who provided an excellent basis for this report.

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The Maintenance of Licensure Implementation Group acts in support of FSMB policy stating that state medical and osteopathic boards have an obligation to assure the public of the ongoing competence of physicians seeking license renewal. Additionally, consistent with the MOL framework and recommendations adopted by the FSMB HOD as policy in April 2010, we have developed the recommendations to enable state medical and osteopathic boards to implement MOL programs that are consistent with FSMB policy.

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There is concern within the United States regarding the high costs of medical care, variation in medical practice, lapses in quality resulting in potentially preventable medical harm, and health care disparities. Additionally, our Implementation Group is well aware of the historic and sweeping changes in our nation’s health system as a result of the Patient Protection and Affordable Care Act of 2010 (PL 111-148 & PL 111-152). We recognize that physicians practice within this complex environment and that in order to be successful a comprehensive approach to health reform is necessary. In this context, we believe the plan presented below represents a rational and well-considered proposal to facilitate the engagement of physicians in a culture of continuous improvement and to assure the public through a verifiable and reproducible system that physicians are engaged in such an effort.

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Although we recognize MOL presents some challenges to state medical and osteopathic boards and physicians, we believe these challenges can be overcome through good program design, phased implementation, a compelling rationale, leadership and resources. Several states are anticipating Maintenance of Licensure and are eager for FSMB guidance. Additionally, we believe that MOL can be a proactive and reasonable expectation of physicians – an expectation that enables them to demonstrate their commitment to continual improvement without being overly burdensome or creating barriers to patient care or physician practice.

We encourage SMBs to implement MOL expeditiously. Even the voluntary specialty board certification process, though, has taken nearly a decade to execute and is still evolving. Moreover, MOL has numerous additional challenges not faced by specialty certifying boards in that it:

- 1) will impact every licensed physician in the United States;
- 2) must reasonably address a more heterogeneous physician population;
- 3) relies upon financial resources and support that are in short supply at this time; and
- 4) is subject to variable state laws and regulations that may require medical practice act amendments to permit MOL.

Thus, while we acknowledge the frustration some have voiced regarding the pace that MOL is likely to be adopted, we have consciously maintained our focus on the deliberate design and patient execution of a meaningful system of MOL that will serve the public good and have the ability to adapt to changing circumstances as needed over time.

MOL will evolve as the science and tools of practice assessment and improvement evolve. The ultimate goals are to:

- 1) assess physicians in the context of their practice and patient population; and
- 2) demonstrate their effort and success in measurably improving their care processes and outcomes.

The FSMB will provide SMBs guidance and support so that the entire community of state medical and osteopathic boards can move forward to fully implement MOL within 10 years. Although SMBs will each have different starting points and establish varying timeframes for implementation, if they begin now and work diligently, most will be on the road to meaningfully assuring the public of ongoing physician competence through this new licensure paradigm.

WHAT IS MAINTENANCE OF LICENSURE?

Maintenance of Licensure is a system of continuous professional development requiring physicians to demonstrate, as a condition of license renewal, their involvement in lifelong learning that is objective, relevant to practice and improves care.

We believe SMBs should require, as a condition of license renewal, that all licensed physicians periodically demonstrate their engagement in an ongoing program of professional assessment and continuous improvement throughout their careers.

PHASED APPROACH

Recommendation: The entire MOL program should be implemented as expeditiously as possible with SMBs moving forward together. For practical reasons, some SMBs may institute MOL in a phased implementation in which each phase should take no longer than

three years. Regardless of the implementation approach, all SMBs should complete the implementation process within a 10 year period.

Many SMBs and their licensees may best undertake the MOL implementation process in a phased and evolutionary approach. In this regard, the efforts of the American Board of Medical Specialties (ABMS) and the American Osteopathic Association Bureau of Osteopathic Specialists (AOA-BOS) in their continuous certification efforts are illustrative as these programs have been and are still being developed, implemented and revised over an extended period of time. The evolution to a process of continual licensure is a substantial paradigm shift, no less substantial than the Flexner report was to undergraduate medical education a century ago, and is deserving of reasonable time and attention.

As a starting point, if SMBs follow the guidance in this report, then nearly half of U.S. physicians are already in substantial compliance with the intent of MOL through their participation in ABMS and AOA-BOS continuous certification programs. Additionally, this Implementation Group knows that some states may be ready, willing and able to move more quickly than proposed below. In these jurisdictions, MOL may be implemented in an accelerated manner.

The Implementation Group also notes that the state licensure system in the U.S. is complex with both varying financial and staff resources and oversight by state legislative and executive branches. As a result of this state-to-state variation, MOL implementation will require differing amounts of time and effort due to influences beyond the SMB's direct control. For this reason, the Implementation Group stresses the urgency for SMBs to begin immediately in order to allow sufficient time for SMBs to adequately address those issues that they can influence.

We suggest a pragmatic approach in which SMBs implement each component in a phased approach over time. SMBs that want to expedite this process are encouraged to do so. Regardless of the actual implementation timeline, however, fully executed MOL will include all three components and may be staged as follows:

Preparation – SMB readiness assessment, preparatory steps, initial communication to licensed physicians, involvement of stakeholders

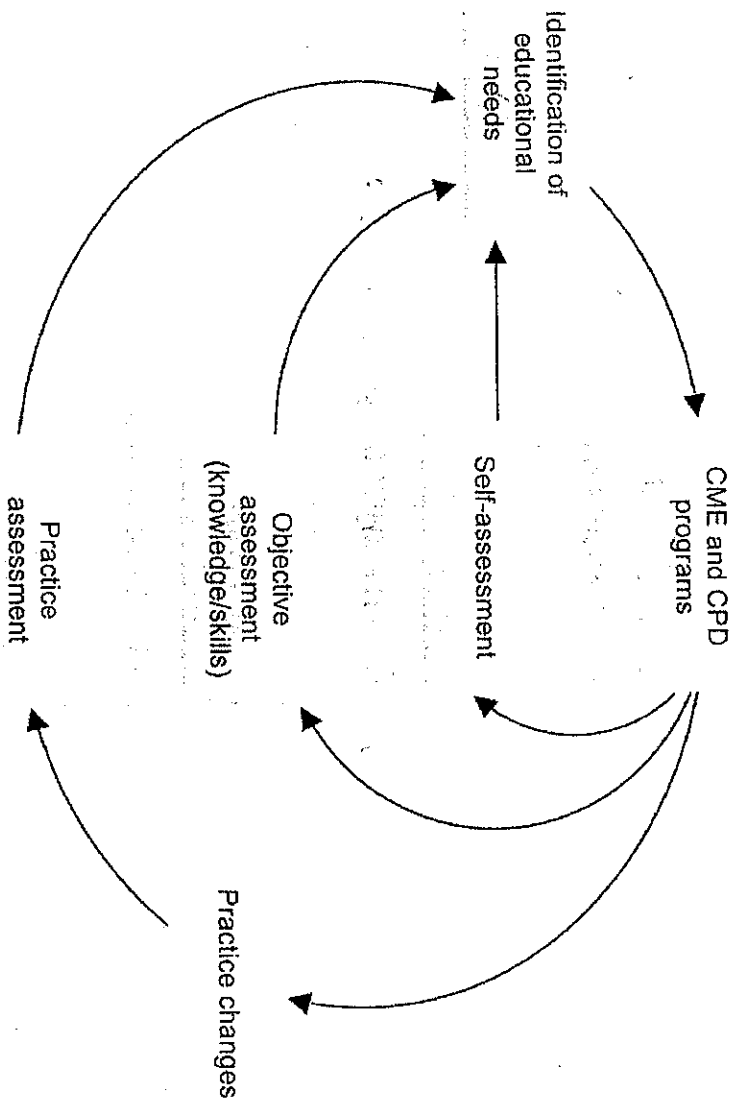
Component One – Require Reflective Self-Assessment coupled with accredited CME or another type of Continued Professional Development Program

Component Two – Require Assessment of Knowledge and Skills

Component Three – Require Measurement of Performance in Practice

The diagram below demonstrates how the MOL components reinforce each other to advance the overarching goal of improving physician performance in clinical practice. Once MOL is fully implemented by an SMB, all clinically active, licensed physicians will be expected to comply with the entire MOL program as designed. Attachment A provides examples of the types of activities that SMBs could consider as they implement each component.

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Preparation

501 State medical and osteopathic boards may want to undertake a readiness assessment when they
 502 begin an MOL program within their jurisdiction to:

- 503 1) communicate with licensees, training programs and medical schools about the MOL
 504 changes, available support resources and suggested preparations;
- 505 2) review their medical practice act, policies, rules and regulations to identify any
 506 modifications required to enable the SMB to implement MOL in the short and longer
 507 term; anticipate any legal or legislative opportunities or challenges;
- 508 3) take inventory of SMB financial and staff resources and make any changes possible
 509 to align them with the final scope and design of the SMB's MOL program;
- 510 4) review and make use of the FSMB "MOL Toolbox" that will consist of practical
 511 guidance, assistance and resources;
- 512 5) evaluate data needs and determine if additional physician demographic and practice
 513 data will be collected at the state level or secured from a third party repository (as
 514 available);
- 515 6) make concrete decisions on program design and determine which activities will be
 516 deemed approved by the SMB as meeting MOL requirements (see examples in
 517 Attachment A);

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- ٤٩٧ 7) determine the manner of verification of licensee participation in each component of
- ٤٩٨ MOL (e.g. physician attestation with verifying audit of a defined % of licensees each
- ٤٩٩ license cycle, electronic/automated reporting of compliance with certain elements, 3rd
- ٥٠٠ party attestation, etc.);
- ٥٠١ 8) meet with legislators and other key stakeholders to explain MOL changes and any
- ٥٠٢ impact on them and the public;
- ٥٠٣ 9) revise the license renewal application as needed to collect information about
- ٥٠٤ licensees' scope of practice and practice status; and
- ٥٠٥ 10) evaluate "types" of licenses available and whether additional license categories need
- ٥٠٦ to be created to accommodate licensees' expected participation in MOL. As part of
- ٥٠٧ this evaluation, SMBs are encouraged to consider, in particular, licensees not in
- ٥٠٨ active clinical practice, including any fiscal or other impact to the SMB.

٥١٠ **MOL Component One: Reflective Self-Assessment**

٥١١ **Recommendation: State medical and osteopathic boards should require each licensee to**

٥١٢ **complete accredited Continuing Medical Education (CME), a substantial portion of which**

٥١٣ **is practice-relevant and supports performance improvement.**

٥١٤ As part of their professional obligation, physicians commit to ongoing lifelong learning to

٥١٥ maintain their skills and to learn new and updated knowledge affecting their medical practices.

٥١٦ Building on this long-standing professional commitment, Component One begins with the

٥١٧ established CME system. While we anticipate an evolution in the substance of Component One

٥١٨ over time, by beginning with the traditional CME system we hope to:

- ٥١٩ 1) demonstrate early success in MOL implementation to build momentum for
- ٥٢٠ subsequent components;
- ٥٢١ 2) build on the known and familiar to make best use of existing resources and to ease the
- ٥٢٢ transition to this new paradigm of continuous licensure; and
- ٥٢٣ 3) develop buy-in over time for even more effective professional development activities.

٥٢٤ There is wide variability across SMBs with existing CME requirements ranging from zero to 50

٥٢٥ hours required per year depending on jurisdiction.. Additionally, physicians undertake a great

٥٢٦ deal of self-directed learning for which no formal CME credit is available or granted. We

٥٢٧ envision a new paradigm in which the current CME evolves into a more meaningful, more

٥٢٨ effective and more relevant experience that need not necessarily be simultaneously more time-

٥٢٩ consuming or laborious.

٥٣٠ As MOL implementation progresses, the assessment tools employed in Components Two and

٥٣١ Three will provide more structured and objective identification of relative weaknesses in

٥٣٢ physician knowledge and/or skills that will, in turn, provide actionable information to guide the

٥٣٣ educational activities undertaken in Component One. Over time, we anticipate that SMBs may

٥٣٤ also want to encourage Continuous Professional Development (CPD) activities that include a

٥٣٥ CME component integrated with self-directed learning moments sparked by clinical experiences

or by attempts to monitor and improve one's clinical care. For example, the AMA and AOA now offer 20 credits to physicians completing all three stages of Performance Improvement (PI) CME¹: assessment of current practice using evidence based performance measures and feedback to physicians comparing their performance to national benchmarks and to their peers; implementation of an intervention based on the performance measures; and reevaluation of performance in practice resulting from the PI CME activity.

For Component One, SMBs should automatically qualify licensees who are actively involved in the Maintenance of Certification (MOC) program through the American Board of Medical Specialties (ABMS) or the American Osteopathic Association Bureau of Osteopathic Specialists' (AOA-BOS) Osteopathic Continuous Certification (OCC) program, since these programs incorporate activities generally consistent with the intentions of MOL. For example, Component One of MOL is very similar to the second part of MOC and OCC - "Lifelong Learning and Self-Assessment," whereby physicians participate in educational and self-assessment programs that meet specialty-specific standards that are set by their specialty boards. Such automatic qualification would greatly reduce the administrative burden both for SMBs and physicians of complying with two processes designed to uphold professional standards (MOL and MOC/OCC) for those physicians participating in MOC or OCC.

Component One of MOL is designed to be the licensee's self-directed, but objectively verifiable, learning activity. Conversely, Component One is not designed to be a rigorous objective assessment tool; rather, the objective assessment elements of MOL are contained in Components Two and Three. This was done by conscious design, not oversight, and we remind the various parties interested in MOL that the program must be viewed as an integrated whole to fully appreciate its comprehensive approach to physician regulation through licensure.

MOL Component Two: Assessment of Knowledge and Skills

Recommendation: State medical and osteopathic boards should require licensees to undertake objective knowledge and skills assessments to identify learning opportunities and guide improvement activities.

Component Two activities should meet all of the following criteria:

- 1) be developed by an objective third party (could include SMBs);
- 2) be a structured, validated, and consistently reproducible tool/activity;
- 3) be credible with the public and profession;
- 4) provide meaningful assessment feedback to the physician licensee appropriate to the scope of the activity to guide subsequent education; and
- 5) provide formal documentation that describes both nature of the activity (i.e., content and areas assessed) and attainment of a prospectively defined standard or benchmark.

¹Performance Improvement (PI) CME activities describe structured, long-term processes by which a physician or group of physicians can learn about specified performance measures, retrospectively assess their practice, apply these measures prospectively over a useful interval, and re-evaluate their performance.

303 By intentional design, formalized examinations are only one of many options that SMBs may
304 want to adopt for MOL Component 2. Component Two relies on objective or external
305 knowledge and skills assessments to produce data to identify learning opportunities. Many types
306 of external assessment are structured, valid and practice relevant. These external assessments
307 can provide valuable individual and comparative data for physicians to use to maintain their
308 skills and knowledge. As Component Two is implemented, SMBs may want to concentrate their
309 efforts on requesting physicians to provide evidence of use of objective third party tools to assess
310 their own knowledge and skills. We would not expect that SMBs would have to develop external
311 assessments, although this is a possibility; rather, we envision that SMBs would designate
312 objective assessments that met their licensure requirements.

313 Regardless of the SMB decision about requirements for Component Two, it is suggested that
314 SMBs should automatically qualify licensees who are actively involved in MOC/OCC. By way
315 of illustration, this component is similar to the third part of Maintenance of Certification and
316 AOA-BOS's Osteopathic Continuous Certification, which center on cognitive expertise and
317 where physicians demonstrate through periodic formalized examination that they have a
318 fundamental knowledge base requisite to provide quality care in their specialty.

319 **MOL Component Three: Performance in Practice**

320 **Recommendation: State medical and osteopathic boards should require licensees to assess
321 the quality of care they provide compared to peers and national benchmarks and then
322 apply best evidence or consensus recommendations to improve and subsequently reassess
323 their care.**

324 The last implementation phase of a fully realized MOL program focuses on Component Three –
325 Performance in Practice. Qualifying activities could include a variety of methods that
326 incorporate reference data to assess physician performance in practice as a guide to
327 improvement. In order to continually improve performance, physicians should use data derived
328 from their own practices to see how their outcomes compare within their own practice (e.g. intra-
329 practice variation) and externally with their peers. Such information would logically be used to
330 bring their clinical practices in line with national recommendations. We recommend that SMBs
331 consider the full range of ongoing high quality practice improvement activities that are now
332 being implemented by specialty societies, hospitals, physician groups and quality improvement
333 organizations (see Attachment A, pages 25-26).

334 Again, it is suggested that SMBs should substantially qualify those licensees who are actively
335 involved in MOC/OCC. For example, MOL Component Three is similar to the fourth part of
336 Maintenance of Certification and Osteopathic Continuous Certification “Practice Performance
337 Assessment” in which physicians are evaluated in their clinical practice according to specialty-
338 specific parameters for patient care.

339 Component Three of MOL will evolve with time. More robust use of health information
340 technology will enable physicians to more easily and comprehensively understand the impact of
341 their efforts on patient outcomes and to learn how their personal outcomes compare to those of
342 fellow physicians. These developments could provide physicians with powerful and previously

unavailable tools to learn from their own professional practice and engage in a cycle of continuous quality improvement to the great benefit of both patients and physicians. The ability for physicians to make use of real-time comparative practice data to guide their ongoing practice improvement holds remarkable potential to improve individual clinician performance in a constructive manner.

PERIODICITY OF MOL REQUIREMENTS

Recommendation: State medical and osteopathic boards should require each licensee to complete a minimum Component One activity on an annualized basis, as defined by the SMBS, that includes a specific portion devoted to practice-relevant and performance improvement CME activity, and to complete both one Component 2 and one Component 3 activity every five years.

Regardless of the actual licensure cycle within each SMB jurisdiction, the goal of MOL is continuous, ongoing professional development. It is an aspiration is to have all activities done on a continuous basis. In the future, it may be possible for physicians and SMBS to demonstrate and collect documentation of continuous engagement in the activities of MOL in a rolling and uninterrupted manner with automated data reporting. Until this is practical, however, most SMBS will have to rely upon periodic documentation and verification as evidence of participation in required MOL activities. Implementation of all MOL components is conceptualized as a multi-year cycle that would be completed within 10 years or less, with each Component being documented periodically in the following manner:

Component One: Each SMB should define a minimum Component One activity requirement on an annualized basis that includes a specific portion devoted to practice-relevant and performance improvement CME activity.

Component Two: The physician should be required to undergo a structured knowledge or skill assessment in an area germane to their professional practice. Initially, it may be reasonable to expect such an assessment once every five years; frequency may be adjusted upward or downward in the future based on research exploring the impact of MOL.

Component Three: Likewise, while physicians should be expected to continuously improve their performance in practice, they should document participation in an approved Component Three activity at least once every five years. Again, with ongoing experience the frequency of this documentation may need to be adjusted upward or downward in the future.

The intent of MOL is to require physicians to demonstrate active participation and commitment to a program of career-long self-assessment and improvement. We recognize that the above recommendations represent a substantial change to the medical regulatory process.

When fully implemented nationwide, it is anticipated that licensees will be engaged in a culture of continuous quality improvement assisted by objective data and resulting in significant and demonstrable actions that improve their practices and patient care. In addition, SMBs will be able to assure the public that physicians seeking license renewal are actively participating in a program of ongoing professional renewal.

BOARD CERTIFICATION IN THE CONTEXT OF MOL

Recommendation: State medical and osteopathic boards should consider physicians who provide evidence of successful ongoing participation in either an ABMS Maintenance of Certification (MOC) or AOA-BOS Osteopathic Continuous Certification (OCC) program to have satisfied all three components of MOL.

MOL will enable SMBs to demonstrate that their physician licensees are actively engaged in a career-long program of professional assessment and improvement. MOL, MOC and OCC are similar in that they each demonstrate a commitment on behalf of a physician to life-long learning and self-assessment through a variety of approaches.

In the interest of clarity, this Implementation Group wishes to emphasize that while MOL and MOC/OCC are similar in their focus on physician lifelong learning and self-assessment they are by no means identical in purpose or design. Specifically, MOL, unlike MOC, will be mandatory for all physicians as a requirement of medical licensure and should be adaptable in order to reasonably address a more heterogeneous physician population. Medical licensure is a threshold event, a minimum standard at / or above which every physician must perform, in order to be granted the societal privilege to engage in the practice of medicine. MOL represents an important advance in medical regulation and licensure as a means to shift the profession to a culture of objective and continuous improvement in a constructive and verifiable manner.

TYPES AND NATURE OF PHYSICIAN PRACTICES

Two aspects of physician practice are particularly challenging within the MOL paradigm: actual clinical practice versus specialty training/designation and non-clinically active physicians. In both instances, there is little data about individual licensees and their types of practice and the nature of those practices. The Implementation Group noted that this issue is being addressed by the FSMB and recommends that SMBs begin collecting data about licensees' practice status and scope of practice as part of license renewal process.

Recommendation: State medical and osteopathic boards should regularly collect data from individual licensees about the extent of their engagement in active clinical practice and the nature of their daily professional work.

As medical practice has become more specialized, a growing number of physicians are practicing medicine and surgery in areas not well-described by traditional specialty designation/ descriptions. As a result, specialty-specific resources may not accurately and adequately address the assessment and educational needs of a growing number of physician clinicians. This is a growing challenge and one for which this Implementation Group does not have a sufficient

٤٣٤ solution. It is our hope that SMBs will begin to collect more detailed demographic data
٤٣٣ regarding actual physician clinical practice. Over time, we hope that this data will help the
٤٣٢ FSMB and its member boards to better understand the true scope and magnitude of this
٤٣١ challenge. In turn, this improved understanding will help to guide future evolution of the MOL
٤٣٠ program and its supporting resources over time.

٤٢٩ All licensed physicians should be required to comply with all elements of MOL as defined by the
٤٢٨ SMBs. This represents unique challenges, however, for physicians not engaged in active clinical
٤٢٧ practice. Furthermore, this is an example of a specific area where the MOL differs from and
٤٢٦ bears a unique responsibility distinct from MOC/OCC. A physician with an unrestricted medical
٤٢٥ license is granted the authority to practice medicine and prescribe medications at his/her personal
٤٢٤ discretion. As such, it becomes uniquely important that all physicians granted an unrestricted
٤٢٣ license demonstrate that they meet or exceed the threshold requirements for medical licensure. It
٤٢٢ is anticipated that once there is more data about those not engaged in active clinical practice,
٤٢١ FSMB will have a better understanding of the issues involved and better informed to further
٤٢٠ address this topic.

٤١٩ **CONSISTENCY OF MOL ACROSS JURISDICTIONS**

٤١٨ **Recommendation: State medical and osteopathic boards should strive for consistency in**
٤١٧ **the creation and execution of MOL programs.**
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٤١٥ **ولاي** One of the key issues identified in FSMB MOL discussions with SMBs and other stakeholders
٤١٤ **ولاي** has been the desire for uniform implementation across states. Recognizing the differences in
٤١٣ **ولاي** resources, statutes and operations across states and acknowledging that implementation of MOL
٤١٢ **ولاي** should be within the discretion and purview of each SMB, this MOL program is designed to be
٤١١ **ولاي** flexible to meet local considerations. At the same time, physicians are concerned about an overly
٤١٠ **ولاي** burdensome MOL program where they might have to meet varying criteria to maintain licensure
٤٠٩ **ولاي** in different states. Widely divergent standards from state to state may hinder physician mobility
٤٠٨ **ولاي** and thus impact patient care.

٤٠٧ **ولاي** To advance this culture of continuous improvement and commitment to career-long professional
٤٠٦ **ولاي** development, it is advised that wherever possible, SMBs recognize compliance with MOL
٤٠٥ **ولاي** requirements of other states and/or compliance with MOC/OCC as representing substantial
٤٠٤ **ولاي** compliance and fulfillment of its own MOL requirements, particularly for physicians who
٤٠٣ **ولاي** change their states of practice and otherwise meet licensure requirements.

٤٠٢ **ولاي** There is great opportunity to create a more standardized and consistent system of medical
٤٠١ **ولاي** licensure across SMBs that also facilitates license portability. Such standardization is consistent
٤٠٠ **ولاي** with the spirit of MOL which invites and encourages physicians to practice patient-centered
٣٩٩ **ولاي** health care and to strive towards standardization that improves outcomes and results.

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SUMMARY OF KEY IMPLEMENTATION ISSUES

The Implementation Group anticipated several key issues that may arise during MOL implementation by SMBs and licensees. While not exhaustive, below is a question-and-answer summary of our guidance.

- 1) How will SMBs know if a licensee has complied with the requirements?
Similar to the current CME system, physicians and/or third parties will attest to the completion of required activities. For privacy reasons and to simplify SMB record keeping, it is recommended that SMBs not collect actual data, but only the attestation of completion of activities. Similar to current CME systems, a sample of such attestations should be audited annually. As health information technology advances, it may in time be feasible to electronically automate much of this reporting and, therefore, to reliably verify the compliance of 100% of licensees with little or no additional effort.
- 2) How will SMBs that are short on resources of all types be able to implement MOL?
Although new information will need to be collected, the MOL proposal for SMBs does not envision collection of primary data. It is anticipated that most resources will be needed for start up, and include time and other resources for structuring a program, amending legislation (if necessary), revising policies, and developing new tracking mechanisms. SMBs that do choose to develop a substantial infrastructure may wish to partner with other SMBs to defray expense and maximize benefit.
- 3) How can licensees who meet MOL in one state be assured that they will meet the requirements in another state where they are licensed?
We recommend that each state recognize the MOL requirements of other states. In order not to “water down” the impact of MOL, physicians holding current licenses in more than one state should be deemed as meeting MOL requirements of all states in which s/he holds a license if s/he is fully compliant with the MOL requirements of the most stringent state.
- 4) What happens if a physician chooses not to participate in MOL?
SMBs should require MOL activities as a condition of license renewal and treat noncompliance in a manner similar to noncompliance with other licensure requirements.
- 5) What happens if a physician is unable to successfully complete one or more MOL Components?
Successful completion of all three components should be a requirement for compliance with MOL. If a physician is unable to comply, SMBs should treat noncompliance in a manner similar to noncompliance with other licensure requirements.

6) What if a physician is already involved in a national registry, for example, for Component Three; does he or she need to do any additional activity to get “credit” for completing the component?

If the registry meets the criteria listed on page 25 then the licensee should be held in compliance with Component 3. Each SMB should have the discretion to decide what activities physicians should be required to participate in to comply with MOL, notwithstanding the goal articulated above to work toward commonality across state borders. However, the idea of MOL is to encourage ongoing professional improvement, not create additional burdens. Physicians who currently engage in activities that meet all MOL components should be encouraged to continue such activities. MOL will ensure that all physicians are similarly engaged.

7) If a physician is solely an administrator or involved only in research, do they have to participate in MOL?

Yes, if they wish to maintain an active license. Regardless of practice choice, physicians have a professional obligation to engage in lifelong learning if they choose to maintain their medical licensure. There should be mechanisms for physician administrators and physician researchers to meet the component requirements by tailoring assessment and educational activities to their professional setting. For additional guidance, please see the Physician “Practice” discussion above.

FUTURE DIRECTIONS

Maintenance of Licensure will be an evolving program and will not be fully realized nationwide for years. During that time, the Implementation Group recommends that FSMB lead an intense effort to encourage states to share with each other what is working and what may need improvement in order to define best practices.

Research efforts that compare results across states will be very important to an improved program. It will be particularly important to document the impact of MOL programs on physician practice and patient care.

As our knowledge of physician assessment advances, and as we learn which elements of MOL correlate most closely with improved patient outcomes, it is likely that requirements for each component of MOL may change. Ongoing research into the effects of MOL should inform the program’s evolution, and states may wish to consider how they may best reflect this evolution in their statutes, bylaws, policies and procedures so that timely updates are not ensnared in bureaucratic barriers.

The FSMB will continue to support its member boards as they undertake the implementation of MOL across their jurisdictions. As part of these efforts, the FSMB will engage in activities such as the development of a “Toolbox” of resources to assist SMBs and physicians in navigating the MOL landscape, including further exploration and explanation of potential tools that physicians could use to comply with MOL requirements, assistance with development of model statutory

1445 language to enable a board to implement MOL, and clear and consistent communication with
1446 SMBs and the broader medical community regarding MOL.

1447
1448 The FSMB also remains committed to the continued refinement of these guidelines to best
1449 support its membership in the development, implementation and maintenance of MOL programs
1450 that have a positive impact on physician practice and patient care.
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ATTACHMENT A

FSMB TOOLBOX FOR IMPLEMENTATION OF MAINTENANCE OF LICENSURE

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The Federation of State Medical Boards will be developing a “Toolbox” of resources to aid state medical and osteopathic boards and licensees better understand and implement MOL. As an example of some of the resources, following is a list of potential activities that may satisfy the various Component requirements. Although revised and more detailed, the descriptions below are consistent with the components outlined in the January 2010 Report of the Advisory Group on Continued Competence of Licensed Physicians. Following the chart is more detailed explanation of the individual activities.

COMPONENTS OF PROFESSIONAL DEVELOPMENT PROGRAMS AND ACTIVITIES

Professional development programs and activities should include the following interrelated components:

COMPONENTS	STRATEGY (HOW)	OPTIONS/EXAMPLES
<p>1. Reflective Self Assessment (What Improvements Do I Need to Make?)</p> <p>Physicians must participate in an ongoing process of reflective self-evaluation, self-assessment and practice assessment, with subsequent successful completion of tailored educational or improvement activities.</p> <p>Attestation of participation would be required every two years.</p>	<p>Self-assessment incorporates measures of knowledge and skills or performance benchmarks.</p> <p>Learners independently evaluate an aspect of their medical practice and skills, identify opportunities for improvement and then successfully complete a tailored educational or improvement activity.</p> <p>SMBs may want to use attestation by the physician as proof of completion.</p> <p>Learners who are actively involved in a Maintenance of Certification program with their specialty society would automatically qualify for Component One.</p>	<p>Assessment tools could include:</p> <ul style="list-style-type: none"> • Self-review tests such as: • MOC and Osteopathic Continuous Certification (OCC) • Home study courses or web-based materials that meet SMB quality standards • Medical professional society/organization or institution-based simulations that meet SMB quality standards • Others approved by the state medical board <p>Professional development activities could include:</p> <ul style="list-style-type: none"> • Review of literature in the physician’s current practice area • CME in the physician’s current practice area that addresses an identified deficiency, enhances patient care, performance in practice and/or patient outcomes
<p>2. Assessment of Knowledge and Skills (What Do I Need to Know?)</p>	<p>External assessments of competencies should be structured, valid, practice relevant, and should produce data to identify learning</p>	<p>Examples of assessments addressing one or more of the competencies include but are not limited to:</p> <ul style="list-style-type: none"> • Practice relevant multiple choice exams, e.g, MOC/OCC exams,

<p>Physicians must demonstrate the knowledge, skills and abilities necessary to provide safe, effective patient care within the framework of the six competencies as they apply to their individual practice.</p>	<p>opportunities. SMBs may want to use third party documentation as proof of completion. Learners who are actively involved in a Maintenance of Certification program with their specialty society would automatically qualify for Component Two.</p>	<p>National Board of Medical Examiners (NBME) and National Board of Osteopathic Medical Examiners (NBOME) subject exams <ul style="list-style-type: none"> Standardized patient assessments Computer-based clinical case simulations Mentored or proctored observation of procedures Procedural hospital privileging Others approved by SMBs </p>
<p>3. Performance in Practice (How Am I Doing in Comparison to Others?) Physicians must demonstrate accountability for performance improvement in their practice.</p>	<p>Physicians should use a variety of methods that incorporate reference data to assess their performance in practice and guide improvement. 3rd party attestation of participation will satisfy this component. As a result of completion of Component Three, licensees may address areas for improvement via Component One as part of a continuing cycle of improvement. Learners who are actively involved in a Maintenance of Certification program with their specialty society would automatically qualify for Component Three.</p>	<p>Assessment tools could include but are not limited to: <ul style="list-style-type: none"> 360-degree/multi-source evaluations (self evaluation, peer assessment and patient surveys) Patient reviews, such as satisfaction surveys Performance Improvement CME Collection and analysis of practice data, such as medical records, claims review, chart review and audit, case review and submission of a case log Participation in Registries American Osteopathic Association Bureau of Osteopathic Specialists (AOA-BOS) Clinical Assessment Program An approved American Board of Medical Specialties (ABMS) MOC Part IV Practice Improvement activity An approved American Osteopathic Association Bureau of Osteopathic Specialists (AOA-BOS) OCC Practice Improvement activity Medical professional society/organization clinical assessment/practice improvement programs Centers for Medicare and Medicaid Services (CMS) and other similar institutional-based measures Other performance improvement projects such as the Surgical Care Improvement Project (SCIP), American Medical Institute (AMI), Institute for Healthcare Improvement (IHI), Improving Performance in </p>

		<p>Practice (PIIP), Healthcare Effectiveness Data and Information Set (HEDIS)</p> <ul style="list-style-type: none"> • Other performance improvement projects such as the Surgical Care Improvement Project (SCIP), American Medical Institute (AMI), Institute for Healthcare Improvement (IHI), Healthcare Effectiveness Data and Information Set (HEDIS) • Other tools approved by the state medical board
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COMPONENT ONE: REFLECTIVE SELF ASSESSMENT

Some examples of activities that SMBs may want to accept as part of Component One include:

- ABMS member board MOC Part 2 activities, such as Lifelong Learning and Self-Assessment modules which require a physician to review articles from the medical literature and take an open-book quiz on which the physician must achieve at least a passing score to receive a certificate of completion.
- AOA-BOS Osteopathic Continuous Certification Part 2 activities, which center on lifelong learning and self-assessment.
- Webinar, podcast, online home study or traditional printed CME activities. The content of the CME selected by the physician should be germane to his/her actual professional practice. These activities should include self-assessment tools such as pre and post-tests that will assist the clinician to better understand their baseline knowledge before and retention of key elements after completion of the learning experience.
- Live didactic activities such as lectures at medical conferences, professional society meetings, hospital-based programs, group practice lectures, etc. There are many benefits to the in-person education and the related exchange of ideas between the lecturer and students. The content of these activities should also be germane to the physician's actual professional practice and include pre- and post-event assessments similar to those outlined above.
- Participation in organized practice assessment and improvement efforts (Institute for Healthcare Improvement, Improving Performance in Practice, or Local Practice-Based Research Network quality improvement projects or similar collaborative.)

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COMPONENT TWO: ASSESSMENT OF KNOWLEDGE AND SKILLS

Some examples of activities* that SMBs may want to accept as part of Component Two include:

- Self-assessment modules, like those of the American Board of Family Medicine, test core competencies and require physicians to correctly answer eighty percent (80%) of the questions in each competency. If they are not initially successful, physicians enter a review mode that offers an opportunity to read a critique and reference for each incorrectly answered question before inputting new answers to the missed questions. This process offers the physician to assess their knowledge, learn from their mistakes, and successfully complete the component.
- Standardized patient assessments. These assessments can provide the physician with feedback on their communication and language skills, as well as other competencies.
- Computer-based clinical case simulations. These evaluation tools can provide the physician with simulated experience working through clinical scenarios to arrive at a diagnostic impression and treatment plan. Such assessments can offer the physician insight into both his/her factual knowledge base as well as his/her clinical problem solving skills.
- Practice relevant multiple-choice exams, e.g., MOC/OCC exams, National Board of Medical Examiners (NBME) subject exams, and National Board of Osteopathic Medical Examiners (NBOME) Comprehensive Osteopathic Medical Achievement Tests (COMAT), SPEX, and COMVEX activities such as these provide the physician with a structured examination experience designed to test their factual knowledge based on a specific topic(s).
- Mentored or proctored observation of procedures and/or hospital procedural privileging. For skill-based evaluation, the physician may benefit from the direct observation and professional feedback of a fellow physician trained in the same procedure(s).
- Others approved by SMBs. The fundamental objective in Component Two of MOL is for a physician to submit him/herself to an objective or 3rd party assessment of his/her knowledge and/or skills. The results of these assessments will serve at least two purposes: 1) assist the physician in the selection of future MOL Component One educational opportunities to enhance and improve his/her professional practice, and 2) serve as objective 3rd party evidence to the SMB that the physician has successfully completed (this includes “passing” the assessment with a sufficient “score”) validated knowledge and/or skill assessments in areas germane to his/her professional activities.

*As MOL unfolds, there will need to be some criteria for an acceptable third party to accredit Component Two MOL activities.

COMPONENT THREE: PERFORMANCE IN PRACTICE

Some examples of Component Three activities include:

- Registry participation. There are numerous and increasing numbers of patient care registries available. For example, the Society of Thoracic Surgeons operates a highly regarded registry for cardiothoracic surgeons. Similarly, the American College of Cardiology operates a registry for cardiovascular care. The American Osteopathic Association Clinical Assessment Program (CAP) includes similar registries for diabetes, coronary artery disease and women's health screening. Through their participation, physicians submit data to the registry on their own patient care activities and outcomes and, subsequently, receive reports that summarize the individual physician's outcomes and place those outcomes in the larger context of the performance of other physicians/patients. In this manner, the physician is able to identify personal successes as well as opportunities for further improvement in his/her own medical practice. To fulfill Component Three of MOL, registries should:

- 1) be administered by a credible third party;
 - 2) collect individual physician data and aggregate data from numerous individual physicians to create a comparative database;
 - 3) provide reporting of individual physician performance in a comparative manner to peer-matched aggregated data;
 - 4) provide additional comparison of individual physician performance relative to evidence-based guidelines when available;
 - 5) define clear criteria for "successful" physician participation in the registry, such criteria to include: a) expectations for consistent submission of required data over time, and b) active acknowledgement of receipt and review of individualized comparative reports by the participating physician; and
- 6) upon participating physician request, provide formal documentation to SMBs that the physician is successfully participating in the registry.

- Patient satisfaction surveys. Attention to patients' perceptions about their care and their physician can provide useful information to the physician. Through patient surveys, physicians can gain insight into the effectiveness of their communication and the impact (both positive and negative) of efforts to successfully partner with their patients in their care. Patient surveys may assess elements that are more subjective than, for example, medical knowledge; however, a well-designed patient satisfaction survey that is executed in a consistent and valid manner can provide useful trend data and feedback to the physician. Since there is mixed opinion, however, regarding the objectivity and reproducibility of patient satisfaction surveys these tools should be used either as an element of a more comprehensive assessment tool or should be accepted on a periodic basis inter-mixed with other Component Three activities over a period of time.

- Practice data analysis. A number of physician practices already employ either manual chart reviews or have data management systems in place (either themselves or in partnership with hospitals or other entities) that enable them to analyze their own practice

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data to look for trends and outcomes. The use of such analytic tools affords the physician the opportunity to see firsthand the direct impact of his/her efforts in patient care and to take action if/where needed to adjust his/her clinical practice.

- External quality reporting initiatives. Activities such as the Center for Medicare and Medicaid Services (CMS) Physician Quality Reporting Initiative (PQRI) and similar activities can provide physicians with data similar to registry participation and/or practice data analysis. Engagement in these activities is in concert with the spirit of Component Three of MOC and Practice Performance Assessment of OCC.

- 360-degree/multi-source evaluations. Comprehensive personal assessments of the physician can be rigorous and enlightening. Such evaluation processes can provide the physician with robust and actionable feedback on the strengths and weakness of their professional efforts through the use of a number of subjective and objective assessment tools.

- Other tools approved by the SMB. The key concept behind Component Three of MOL is the physician's use of valid quantitative and/or qualitative tools to assess the results/outcomes of the physician's professional activities and for the physician to subsequently use this data to further improve his/her professional practice. It is not possible to fully anticipate the full array of tools that will be available to physicians in the future. As such, the MOL Implementation Group recommends that SMBs accept 3rd party attestation of a physician's successful participation in activities deemed by the SMB to substantially comply with this component.

- Participation in organized practice assessment and improvement efforts (Institute for Healthcare Improvement, Improving Performance in Practice, or local Practice-Based Research Network quality improvement projects, or similar collaborative.)