

Continuous Certification Within Residency:

An Educational Model

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Given that maintaining compliance with Maintenance of Certification is necessary for maintaining licensure to practice as a radiologist and provide quality patient care, it is important for radiology residents to practice fulfilling each part of the program during their training not only to prepare for success after graduation but also to adequately learn best practices from the beginning of their professional careers. This article discusses ways to implement continuous certification (called Continuous Residency Certification) as an educational model within the residency training program.

Key Words: Continuous residency certification; maintenance of certification; continuous certification; residency education; milestones; core competencies.

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INTRODUCTION

Prior to 1994, the American Board of Radiology (ABR), which is one of the 24 national medical specialty boards that make up the American Board of Medical Specialties (ABMS), issued lifetime certifications for radiology residents who successfully passed the ABR board certification examination (1). However, because of rapid changes in practice, governmental influences, the adoption of new technology, and societal pressures, the ABMS recognized the need for physician competency to be re-evaluated throughout their career to ensure patients are provided with quality care. This propelled the ABMS to cease issuing lifetime certifications and instead offer time-limited certifications, which require physician specialists to demonstrate their continued competency periodically throughout their professional career (1). Each of the 24 national medical specialty boards transitioned to offering time-limited certifications, and in 2002, the ABR successfully completed this transition. With this change, the ABMS developed and implemented the Maintenance of Certification (MOC) program, which required physician specialists to demonstrate their continued learning and competency in their specialty to obtain recertification when their previous certification expires. This was a

first step in the process of demonstrating continued competency and lifelong learning. However, the structure of maintenance of certification allowed for completion of the various components in a cramming type fashion rather than continual demonstration of competency and lifelong learning. Therefore, this process was reassessed, and the ABR has recently introduced a new certification process called “continuous certification.” Continuous certification is one in which certification will no longer have a “valid through” date and will instead issue certifications that are only valid if the physician meets the requirements of the MOC program. The four components of MOC remained the same (Table 1). Compliance with the program demonstrates the physician’s commitment to professional development and providing quality care for patients. Under continuous certification, certified radiologists participating in the program will be evaluated annually on their progress in fulfilling the MOC requirements. The MOC program is currently optional for radiologists who possess lifetime certifications. For those radiologists who received time-limited certifications and those who received initial certification in 2012 or after, they will be required to participate in this program. The first complete progress evaluation will occur in March 2016 and will examine progress on fulfilling all four parts of MOC (see Table 1). The four parts of MOC include (2):

1. Evidence of professional standing: Evidence of a valid, unrestricted licensure to practice medicine in all states where an active license is held.
2. Lifelong learning and self-assessment: Lifelong learning and self-assessment requires completion of 75 American Medical Association category 1 continuing medical education credits every 3 years. At least 25 of these CME

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TABLE 1. How Does Continuous Certification Work? (2)

MOC Year	Look-Back Date	Element(s) Checked
2012	3/15/2013	Licensure and examination
2013	3/15/2014	Licensure and examination
2014	3/15/2015	Licensure and examination
2015	3/15/2016	Licensure, continuing medical education/self-assessment–continuing medical education, examination, practice quality improvement, and fees
2016	3/15/2017	Licensure, continuing medical education/self-assessment–continuing medical education, examination, practice quality improvement, and fees
2017	3/15/2018	Licensure, continuing medical education/self-assessment–continuing medical education, examination, practice quality improvement, and fees
2018	3/15/2019	Licensure, continuing medical education/self-assessment–continuing medical education, examination, practice quality improvement, and fees
20XX	3/15/20XX	Licensure, continuing medical education/self-assessment–continuing medical education, examination, practice quality improvement, and fees

MOC, Maintenance of Certification.

credits must be self-assessment CME (SA-CME) credits. The definition of self-assessment activities was expanded to include more than just SAMs, which were prequalified Self-Assessment Modules. Now, online materials and material with imbedded questions can be counted toward satisfying the SA-CME requirement without prior ABR qualification.

3. Cognitive expertise: Cognitive expertise requires having passed the MOC examination or ABR initial certification examination within the past 10 years.
4. Practice Quality Improvement (PQI): Completing a PQI project in the past 3 years (3–5). This project requires the physician specialist to identify an area of their practice that needs improvement and devise a plan to study the level of improvement needed in that area. After collecting relevant data and studying the results, the physician is required to determine the causes of any subpar performance and to devise and implement an improvement plan.

With continuous certification, for each new certificate issued in diagnostic radiology, the date of initial certification will be noted with the accompanying statement that “ongoing certification is contingent upon meeting the requirements of Maintenance of Certification.” This encourages diplomates to engage in continuous professional development and meet their MOC requirements on time. Although the MOC requirements have not changed, the progress is now evaluated on a yearly basis. For each diplomate who is a current enrollee in MOC, continuous certification will replace the 10-year MOC cycle (See Table 1).

Through completion of these four components, MOC evaluates the essential competencies needed to deliver quality care. The six competencies include medical knowledge, patient care and procedural skills, interpersonal and communication skills, professionalism, practice-based learning and improvement, and systems-based practice. These competencies are delineated by the Accreditation Council on Graduate Medical Education (ACGME) and the ABMS.

The MOC program was initiated due to continuing pressure from the public for physicians to provide transparency

and to be held accountable for the medical care they provide throughout their professional career. Medical science is rapidly and continually growing in complexity, and it is essential that physician specialists are educated on the advances in their specialty to provide quality care. Obtaining initial licensure is no longer sufficient to ensure the competency of physician specialists; rather, there is a need for demonstration of competency on a continuous basis.

ABMS reports the MOC status of its diplomates. The three public reporting categories are as follows:

1. Meeting the requirements of MOC.
2. Not meeting the requirements of MOC.
3. Not required to participate in MOC (lifetime-certified diplomates).

THE VALUE OF MOC

Because medical science and medical technology is rapidly evolving, a physician specialist who holds a life-time certification or a time-limited certification (which requires recertification every 10 years) may not have the same level of competency that was demonstrated at the time of initial certification. This can jeopardize the quality of care that is delivered to the patients of physicians with these outdated certification credentials. The standard of care for a particular diagnosis often evolves and in order for a board-certified physician to deliver quality care, the physician must continually learn about the advances in medicine, in their particular specialty, and in medical technology. The continuing certification program ensures that board-certified physicians are committed to lifelong learning.

There is evidence of the value of MOC in specialties other than radiology. In particular, one study showed that physicians in internal medicine who have participated in and completed the MOC program possess better clinical skills, clinical reasoning, communication skills, and humanistic qualities than those physicians who had not participated in the MOC

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