



## ® Maintenance of Certification – Pediatrics Frequently Asked Questions

### The MOC Process

---

#### When do I need to get started and what do I have to do to complete the MOC program?

Requirements are linked to your current certificate. The BEST way to find out WHAT you need to do and WHEN, is to register and log in to your **Physician Portfolio** from the ABP Home Page – [abp.org](http://abp.org).

#### Can I get CME for completing MOC?

Absolutely. Thanks to our relationship with the American Academy of Pediatrics (Academy), we are now able to jointly offer CME credit for all MOC activities, with one exception.\* Here's how it will work:

Activity	CME credits**	Issued by:
Complete a Part 2 self-assessment	5-15	ABP/AAP
Complete a Part 4 Web-based module	5-20	ABP/AAP/others
Complete a MOC cycle	25	AMA

**COST:** If you are a member of the AAP or a subscriber to *Pedialink*® there are no fees when claiming CME. However, there is a small processing fee for non-AAP members or non-subscribers to *Pedialink*® to claim CME through the AAP. There is also a small processing fee to claim CME through the AMA.

**NOTE:** You cannot receive credit towards MOC by using CME credit earned through other CME events/activities.

\*The General Pediatrics Knowledge Self-assessment does not provide learning feedback and, thus, does not qualify for CME.

\*\*All CME credits are AMA PRA Category 1 Credits™

#### The bureaucracy in my practice is getting worse. Can MOC help reduce some of the clutter in my practice?

That is our goal! We are working with national regulatory agencies (eg, The Joint Commission and the Federation of State Medical Boards) as well as payers/insurance companies to sanction 'MOC – Pediatrics' as the standard for quality. As we get closer to this goal, it should reduce many of the credentialing requirements that you currently have.

#### I really liked the “old” recertification program because it was educational. Is this new MOC process educational?

MOC is designed to assist you with learning and improvement in your practice. Actually, the new MOC process retains, and EXPANDS, the old “educational” activities – at no additional cost to you. Parts 2 and 4 include assessment activities that allow you to assess your knowledge and performance, identify gaps in those areas, and provide you with feedback/reference materials to assist you in filling those gaps. Also, most MOC activities provide you with Category I CME.

## **How can I let my patients know that I'm engaged in MOC and that this will benefit them?**

The Public is demanding more transparency in physician education and evaluation. Consequently, the ABP is refining its Web site to supply information to the public about each diplomate's engagement (or lack thereof) in the MOC process. We anticipate being able to show your patients that you are working on various activities in the MOC process. This will instill greater confidence in your patients that you are maintaining currency in the field and continuing to make efforts to improve the quality of care you deliver. Please see 'Verification of Certification' on the ABP Home Page ([abp.org](http://abp.org)).

## **The Examination**

---

### **Why do I have to take a secure examination? Doesn't the ABP trust pediatricians?**

The security of the examination is a matter of PUBLIC trust. The ABP has a responsibility to assure the American public (including patients, parents, payers, hospitals, and regulatory agencies) that the physician taking the examination presents appropriate identification documents. Knowledge is vital to quality care. Therefore, it is a high priority of the ABP to ensure that diplomates maintain knowledge competency and attest to it on a periodic basis. The secure examination is offered in local testing centers, making it very convenient for most diplomates.

### **Is the MOC examination the same examination that I took for initial certification?**

No. The ABP Board of Directors made a conscious decision to make the MOC examination more clinically focused rather than on topics such as pathophysiology that can be looked up in standard reference materials. Nearly one thousand pediatricians were solicited for input regarding the design and appropriate content of the general pediatrics examination.

### **How often do I have to take the secure examination?**

The new MOC program (beginning in 2010) will require you to take and pass the examination once every 10 years. At that time, the examination will no longer be linked to the certificate cycle. In other words, the examination will be a "free-standing" requirement similar to your medical license (ie, you need to make sure you have this requirement up-to-date to maintain certification).

## **Quality Improvement**

---

### **What if I am not seeing patients? How do I participate in the Part 4 QI activities?**

Diplomates who are not engaged in clinical practice - to the extent that it is NOT possible to satisfy Part 4 activities - will have options available that will allow them to receive full credit for Part 4; in some cases, a requirement (eg, patient surveys) may need to be waived. For instance, the Web-based Patient Safety module (available 2008) is a good solution for the clinically inactive diplomate. This Web-based module allows you to engage in QI efforts that do not require patient data, but still allows you to evaluate and improve your knowledge and skill around pertinent patient safety issues.

### **What if there is no QI activity that meets my practice's needs?**

The ABP is working with the Academy and other external groups to ensure a robust menu of QI activities by 2009. We anticipate enough activities so that all diplomates can easily satisfy their requirements for Part 4.

## **I am involved in a local QI initiative – can I get MOC credit for my participation?**

Possibly. If you are involved in a local, regional, or national QI initiative, it may already be approved for Part 4 credit. If it is NOT approved, your local institution can apply for approval using the ABP standards available at [abp.org](http://abp.org).

## **Subspecialists**

---

### **I am a subspecialist. Do I have to maintain my general pediatrics AND my subspecialty certificates?**

No. If you are a subspecialist you only need to maintain your subspecialty certificate. However, the ABP makes it very affordable and easy to maintain BOTH certificates if you so choose. Once you complete Parts 2 and 4 activities for one certificate, you will automatically receive like credit in the other certificate. Basically, you need to complete Parts 2 and 4 activities that best suit your practice needs and complete the secure examination in BOTH areas to maintain BOTH certificates.

### **Is MOC the same for general pediatricians and subspecialists?**

Right now, requirements for generalists and subspecialists vary only slightly based on specific program requirements. With the new MOC process in 2010, requirements will be identical for both. To see your requirements, log in to your **Physician Portfolio** from the ABP Home Page ([abp.org](http://abp.org)).

## **Miscellaneous**

---

### **Why do I have to complete MOC but my partner, who holds a lifetime certificate, doesn't?**

Prior to 1988, the ABP awarded certificates without time limits. Since then, the medical community has realized that it is better to engage in periodic, and now on-going, assessments of knowledge and performance. MOC is designed to do just that. The ABP believes that certificates that were awarded in good faith without time limits should not be modified.

However, the ABP strongly encourages lifetime certificate holders to take advantage of MOC to meet credentialing requirements, gain CME, and maintain their knowledge base. We anticipate that it will become increasingly more necessary for lifetime certificate holders to engage in MOC as it becomes the standard for defining competence by payers, hospitals, credentialing agencies, and others.

The Public is demanding more **transparency** in physician education and evaluation. The ABP Web site ([abp.org](http://abp.org)) is becoming increasingly more transparent about who is engaging in the MOC process and the extent of that engagement.

### **Why is the ABP changing the length of certificates?**

The goal of MOC is to be a continuous quality process that is embedded into your daily practice. This idea of CONTINUOUS is consistent with the expectations of external organizations, including payers and regulatory and accrediting organizations. MOC should never be a series of “hoops” to jump through. Shortening the cycle will assist all of us in making the process a little more continuous, while uncoupling the examination from the cycle and requiring it less often (once every 10 years rather than once every 7 years).

## **With so many parts to the new MOC process, how will I know WHEN I have to do WHAT?**

Your personal Web account (**Physician Portfolio**) will be automatically updated with your requirements. In addition, the ABP is designing automated e-mail communications that will prompt you at appropriate times for all of your MOC requirements. For instance, one year prior to your examination requirement, the ABP will send you a series of e-mails and hard-copy mailings reminding you that this requirement is approaching. **IMPORTANT:** Keep your mailing and e-mail addresses up-to-date in your **Physician Portfolio** to be sure that you receive these timely reminders.

## **Need More Help?**

---

### **What is the best way for me to contact the ABP if I have questions?**

First – visit your personal Web account, the **Physician Portfolio**, at [abp.org](http://abp.org). Answers to most of your questions will be found in your Web portfolio.

Second – e-mail our customer service staff with your questions at [MOC@abpeds.org](mailto:MOC@abpeds.org). This will ensure a timely response and Web-based information that will assist you in navigating the MOC process. The customer service staff is available Monday-Friday, 8:30 am – 5:00 pm.