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Maintenance of Certification and Continuing Medical Education: Are They Still Required?

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Many surgeons may be confused by the new recommendations for continuing medical education (CME) and maintenance of certification (MOC). The following questions are asked: Do I still need MOC? How much CME currently is required by the American Board of Surgery (ABS)? Where can I get MOC and CME credits?

This article reviews the current MOC and CME requirements and lists options for completion of these requisites available through the Society of Surgical Oncology (SSO) and its official journal, *Annals of Surgical Oncology* (ASO). The ABS and the Society for Surgical Oncology aim for their members to have lifelong learning, with the goal of improving patient care.[1]

Initially, MOC was developed by the American Board of Medical Specialties (ABMS) and its 24 member boards, including the ABS.[1] The medical board initiative began in 1917, with the goal of setting standards for quality care.[1]

The ABMS considers certification and MOC to be voluntary. Certification shows that a physician or surgeon is an expert in a medical specialty and meets the required professional standards.[1,2] Board certification has always been considered aspirational, not a minimum standard for surgeons to achieve. Certification is considered to be the gold standard for safeguarding that a surgeon has acquired a current fund of knowledge, and MOC ensures that board certification remains a surgeon-defined, publicly recognized standard of excellence.[3]

In 2005, the ABMS introduced its requirements of MOC for all specialty boards as follows: Part 1, Professionalism and Professional Standing; Part 2, Lifelong Learning and Self-Assessment; Part 3, Assessment of Knowledge,

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Judgment, and Skills; and Part 4, Improvement in Medical Practice.[1] During the next 10 years, the ABMS component boards, including the ABS, independently developed standards and best practices with oversight from the ABMS.[1,3] Specifically, MOC part 2 has two components, CME and self-assessment; part 3 is an assessment of cognitive expertise, which previously was a high-stakes recertification exam typically required every 10 years; and MOC part 4 is an evaluation of practice performance that requires ongoing participation in a quality assessment program or an outcomes registry.[2]

Concerns about reducing physician burden in light of increasing practice demands led the ABS to revisit the MOC process. Physician burnout is an increasing problem, with more than 54% of physicians in a survey stating that they have experienced burnout.[4] Physicians and surgeons spend increasing time on electronic health records.[1] Add to this mixture the requirements of MOC, and it is easy to see how in a survey of 988 physicians across multiple specialties, 81% of the physicians stated that MOC is a burden.[1,5] In the same survey, only 12% found that MOC activities such as CME, self-assessment, and examination preparation were valuable to their daily practice, and only 9% thought that patients cared about their MOC status.[5]

In light of this environment, the ABS sent a comprehensive survey to all diplomates in the summer of 2017.[1] The results of that survey included responses from nearly 10,000 members (33%). More than 80% of the diplomates in the survey preferred a procedure focused on core surgical principles and practice-specific content.[1] The majority of the respondents (60%) wanted a more frequent (every 2 years), less anxiety-producing, open book assessment rather than a 10-year high stakes examination.[1]

The board took its members' recommendations seriously, and a new assessment program was introduced in 2018 for general surgeons. Furthermore, the ABS officially changed the name of MOC to "Continuous Certification." Thus, MOC will no longer be used to describe this program for the ABS.

The new requirements vary depending on when a diplomate becomes certified or re-certified. All diplomates whose certification expires in 2019 must enroll in the Continuous Certification Program. General surgeons who were successfully recertified in 2017 or before are not required to take their first Continuous Certification Assessment, which is the recertification examination, until the year their certificate expires.[3] However, they can enroll early. The benefit of enrolling early is to start this flexible, practice-related assessment sooner without delay. However, the drawback may be that surgeons are studying for an examination earlier depending on when their certificate expires.

The Continuous Certification Assessment is a test taken every 2 years after the surgeon's certificate expires. The exam is an online, open book test. Surgeons have 2 weeks to complete the assessment once they begin, with the opportunity to save their progress and continue at a later time during this 2-week period.

The exam comprises a total of 40 questions: 20 core surgery questions and 20 practice-related questions. Since 2018, general surgery diplomates can select from four practice-related areas: Comprehensive General Surgery, Abdomen, Alimentary Tract, or Breast Surgery.[3] Once diplomates pass the new assessment, the current Continuous Certification requirement of 150 American Medical Association (AMA) Physician's Recognition Award (PRA) category 1 credits during 5 years, with at least 50 consisting of self-assessment credits, changes to 125 AMA PRA category 1 credits, with no self-assessment or MOC required. For the diplomates whose certification is still valid in the old system, and who have not taken the every-2-year exam, a total of 150 credits of AMA PRA category 1 credits during 5 years still is required, of which at least 50 credits must include self-assessment.

What does SSO offer in terms of CME and MOC for those who have not started the Continuous Certification Program? As more members become recertified, the need for MOC will diminish. The educational offerings of SSO will continue to evolve with this shifting demographic. Surgical oncologists may choose a specific breast surgery, abdomen, alimentary, or comprehensive general surgery module depending on where they think their strengths and practice lie.

The SSO supports continuing education with live meetings and enduring materials that can be accessed to meet MOC and CME requirements. Tables 1 and 2 list the options for obtaining self-assessment CME through the ASO and SSO from 2018. For example, the SSO offered various webinars during the year that provided up to 1 AMA PRA category 1 credit and self-assessment credit. Past topics included Robotic Approaches for Gastrointestinal Malignancies and Current Management of the Axilla in Breast Cancer. The ASO also offers self-assessment credits for certain articles from the journal (Table 1). Self-assessment CME also is available at the SSO's Annual Cancer Symposium, which offers both CME and self-assessment credits (Table 2).

In summary, the requirements for MOC and CME have changed for general surgeons. As of 2019, diplomates must enroll in the 2-year Continuous Certification Assessment, which requires 125 CME credits with no self-assessment (Table 3). Those diplomates whose certification is still valid by the old system still need 150 credits of AMA PRA category 1 credits during 5 years, of which at least 50 credits must include self-assessment. It is crucial for

TABLE 1 Opportunities for self-assessment CME credits offered by the SSO and ASO from 2018

Activity title[a]	No. of credits offered per completion (AMA PRA category 1 credits and self-assessment credit)	Launch date
Multidisciplinary management of Locoregional metastasis from melanoma	1	1/16/2018
Cut to the case: complex cases in cancer surgery	.75	1/17/2018
Multidisciplinary approach to metastatic melanoma	1.5	4/17/2018
SSO 2018 symposium highlights: clinical strategies for incorporating immunotherapy in advanced breast cancer: insights for surgeons and oncologists	1	5/7/2018
The role of surgery in metastatic melanoma	1	5/16/2018
Latest advances in immunotherapy	4.5	7/6/2018
Robotic approaches for gastrointestinal malignancies: training in robotic surgical oncology	.75	8/16/2018
Sentinel lymph node biopsy and management of regional lymph nodes in melanoma	1.5	9/5/2018
Robotic approaches for gastrointestinal malignancies: gastric robotic surgery	.72	9/6/2018
Robotic approaches for gastrointestinal malignancies: esophageal robotic surgery	.75	9/13/2018
Robotic approaches for gastrointestinal malignancies: robotic pancreas surgery	.75	9/27/2018
Understanding and managing non-BRCA genetic mutations	1	10/9/2018
The role of IRE in the treatment of pancreatic cancer	1	10/10/2018
Robotic approaches for gastrointestinal malignancies: robotic liver surgery	.75	10/18/2018
Breast fellows webinar: management of benign breast disease	1	11/7/2018
Molecular testing of indeterminate thyroid nodules	.75	11/7/2018
Neoadjuvant therapy for borderline resectable and locally advanced pancreatic cancer	1	11/26/2018
Current management of axilla in breast cancer	1	12/10/2018
Adjuvant therapy in high-risk melanoma	1	12/13/2018

COST Members = $0, Non-members = $25

Launch date	Title of article
9/1/2018	Neoadjuvant radiotherapy is associated with R0 resection and improved survival in extremity soft tissue sarcoma patients undergoing surgery: an NCDB analysis
6/2/2018	A minimally-invasive approach for inguinal lymphadenectomy in melanoma and genitourinary malignancy: long-term outcomes accompanying an attempted randomized control trial
5/18/2018	Cytoreductive surgery (CRS) and hyperthermic intraperitoneal chemotherapy (HIPEC) for moderately and poorly differentiated appendiceal adenocarcinoma: survival outcomes and patient selection
5/7/2018	Clinicopathological determinants of an elevated systemic inflammatory response following elective potentially curative resection for colorectal cancer
7/27/2018	Factors influencing management and outcome in patients with occult breast cancer with axillary lymph node involvement: analysis of the national cancer database

TABLE 1 continued

Launch date	Title of article
5/12/2018	The optimal treatment plan to avoid axillary lymph node dissection in early-stage breast cancer patients differs by surgical strategy and tumor subtype

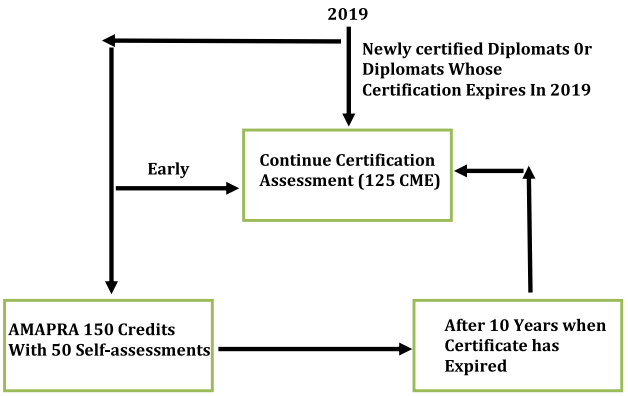
AMA American Medical Association, *PRA* Physician's Recognition Award, *SSO* Society of Surgical Oncology, *IRE* Irreversible electroporation

[a]*Annals of Surgical Oncology* articles from 2018. Each offers 1 AMA PRA category 1 credit and 1 self-assessment credit

TABLE 2 Self-assessment modules at Society of Surgical Oncology (SSO) 2019 annual meeting

Title of session	No. of self-assessment credits offered
Breast cancer: genetic testing and management	1.5
Is there a role for neoadjuvant therapy for retroperitoneal sarcoma?	1.5
Multimodality management of HCC	1.5
Thyroid cancer: an overtreated malignancy	1.5
The great debates I	2
New developments in treatments for peritoneal metastases from colorectal and appendiceal cancer	1.5
Young adult onset colorectal cancer: what is going on?	1.5
Multimodality management of stage IV melanoma in the era of immunotherapy	1.5

TABLE 3 New requirements and timeline for certification



surgeons to understand and be aware of these changes, and for the SSO and ASO to remain committed to offering educational opportunities that fulfil ABS-mandated requirements.

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