


AMERICAN BOARD OF OPHTHALMOLOGY  
**MAINTENANCE ♦ OF ♦ CERTIFICATION**  
**GUIDELINES**  **2011**

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## **NOTICE**

In order to receive important information about your certification by the American Board of Ophthalmology, you must keep your contact information up-to-date. Please notify the ABO immediately of any address or email address changes.

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**To remain certified by the American Board of Ophthalmology, all diplomates awarded certificates between 1992 and 2011 must comply with the Maintenance of Certification requirements as detailed in this brochure.**

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## GENERAL INFORMATION

### **2011 Board of Directors**

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#### **EXECUTIVE DIRECTOR**

John G. Clarkson, M.D., Miami, FL

#### **2011 BOARD OF DIRECTORS**

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John E. Sutphin, Jr., M.D., Prairie Village, KS

David J. Wilson, M.D., Portland, OR

#### **Public Directors**

Matthew E. Fitzgerald, Dr.P.H., Easton, MD

Christine W. McEntee, Washington, DC

## **Board History**

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Early in the 20th century, the question of adequate training and testing of the qualifications of specialists was raised by a number of leaders in American ophthalmology. These discussions culminated in 1914 with the formation of a joint committee of the American Academy of Ophthalmology and Otolaryngology, the American Ophthalmological Society, and the Section on Ophthalmology of the American Medical Association to consider ophthalmic education. The report of this committee in 1915 led to the establishment of the American Board for Ophthalmic Examinations on May 8, 1916.

Following the annual Academy meeting in Memphis, the Board examined eleven candidates on December 13 and 14, 1916, at the University of Tennessee Medical School. The Board was incorporated May 3, 1917. The name was changed from the American Board for Ophthalmic Examinations to the American Board of Ophthalmology in 1933. This was the first American Specialty Board to be established, with the American Board of Otolaryngology following in 1924 and the American Board of Obstetrics and Gynecology in 1930.

The early history of the American Board of Ophthalmology (hereinafter referred to as “the ABO”) has been described in *History of the American Board of Ophthalmology, 1916-1991* (Shaffer, Robert N., 1991).

The Directors of the ABO are chosen for a four-year term, with possible reappointment for an additional four-year term. General qualifications include prior service as an examiner, a reputation for integrity, and recognized skills in ophthalmic topics appropriate to the needs of the Board. The Board strives to recruit Directors from as broad a geographic and ethnic distribution as possible, from both academic and private practice venues.

The Diplomates of the ABO are listed in *The Official ABMS Directory of Board Certified Medical Specialists*, published by Elsevier Inc. in cooperation with ABMS. This is the authorized publication of the 24 specialty Boards that certify physicians in medical and surgical

specialties. Up to January 1, 2011, the ABO had conducted 217 examinations and issued its certificate to 27,101 ophthalmologists.

## **Mission Statement**

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The mission of the American Board of Ophthalmology (ABO) is to serve the public by improving the quality of ophthalmic practice through a process of certification and maintenance of certification that fosters excellence and encourages continual learning.

## **Purpose of Maintenance of Certification**

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The intent of the Maintenance of Certification (MOC) process of the ABO is to provide assurance to the public and to the medical profession that certified physicians continue educational activities, keep current in information and skills, and practice in a contemporary manner.

The evaluation is designed to assess the knowledge, experience and skills requisite to the delivery of high standards of patient care in ophthalmology and to promote the continuous improvement of quality in patient care.

In principle and in practice, MOC aims to:

- establish and maintain high standards for patient care in ophthalmology, and provide physicians with the means to continually assess and improve their ability to meet these standards;
- ensure that physicians are being assessed by reliable and valid measures to continually improve patient care; and
- communicate information about physicians' ongoing participation that is understandable, credible and relevant to the patients' and the public's needs.

## **Governing Rules and Regulations**

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The ABO's Rules and Regulations for MOC, which are subject to change without notice, contain specific provisions concerning eligibility for the examinations administered by the ABO; an admission appeals process, which is available under certain circumstances; the application process; the examination

processes (initial and maintenance of certification); a description of the circumstances under which candidates will be required to reactivate an existing application, submit a new application, or repeat an examination; a list of occurrences that could lead the ABO to revoke a certificate previously issued by it to a diplomate or to place the diplomate on probation; and other matters relating to the ABO's examination and certification/maintenance of certification processes.

Many of those provisions are summarized or described in this brochure. In the event of any inconsistency between the ABO's Rules and Regulations and this brochure, or any omission from this brochure of any provision of the Rules and Regulations, the Rules and Regulations shall govern. Copies of the Rules and Regulations are available on the ABO website.

## **Board Certification**

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This publication describes the policy and procedures for the Maintenance of Certification (MOC) process. The ABO publishes a separate brochure on the policy and procedures for the initial certification process. The Board Certification brochure can be obtained from the ABO website.

In order to become Board certified, an ophthalmologist must successfully pass both the Written Qualifying and Oral examinations. Physicians who have received the certificate are DIPLOMATES of the ABO.

## **Duration of Certification**

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Certificates issued in 1992 and thereafter are valid for 10 years and expire December 31 of the tenth year. Diplomates certified on or after July 1, 1992 are required to complete the Maintenance of Certification process in order to remain certified. Certificates issued prior to July 1, 1992 are valid during the diplomate's lifetime; however, diplomates who hold a non time-limited certificate are strongly encouraged to maintain their certification.

Please note: the MOC process is subject to change, consistent with a principle of continuous improvement to both process and content matters. The ABO will publish all changes to the MOC process on its website. However, it is the responsibility of the diplomate to seek information concerning the current requirements for MOC. The ABO does not assume responsibility for notifying an applicant of changing requirements or the impending loss of his/her eligibility to take an examination.

# MAINTENANCE OF CERTIFICATION

## **Accessing the MOC Program**

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The ABO's MOC program can be accessed via the ABO website. The ABO website serves as the main point of contact for all MOC activities and allows users to:

- View a personalized status page that details requirements over the 10-year MOC cycle;
- Update contact information;
- Complete most MOC components online, on-demand;
- Register and pay by credit card for MOC components and exams; and
- Receive email confirmations of registration and payment, as well as important information updates.

## **MOC Login Information**

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To access the MOC activities of the ABO website, users must login with a username and password. Diplomates can obtain their username and password through the password retrieval function on the ABO website (Retrieve My Login). To protect the security of your information, usernames and passwords are provided by automated email only.

## **Email Communications**

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The ABO uses email to communicate in a timely and efficient manner with candidates for Board certification and diplomates participating in MOC. **It is the responsibility of each diplomate to provide the ABO with an active and valid email address to be used to receive important certification alerts.**

However, communication via email can be interrupted by security settings and spam-blocking features. The cause of blocked mail can be dependent on the organization, internet service provider (ISP), email program, security programs, and spam-blocking tools.

The ABO encourages all users to place the ABO on a Safe Senders list in order to enable receipt of ABO email correspondence. Due to the vast number of different email programs available, the ABO does not have specific instructions for each; however, the ABO does suggest the following two methods:

1. Contact the ISP and ask that email from the ABO be accepted;
2. View options of the security settings and spam-blocking tools on your email program to determine if you can “whitelist” the ABO yourself. For example, the Microsoft Outlook Email Program will allow you to add a specific email address or a specific email domain (@abop.org) to a Safe Senders List. (To do this in Microsoft Outlook: highlight the email; click on Actions on toolbar; click on Junk Email; click on Add Sender to Safe Senders List or Add Senders Domain (@abop.org) to Safe Senders List).

## **MOC Notifications**

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The ABO will attempt to notify all diplomates when it is appropriate to begin the MOC process. However, it is the responsibility of the diplomate to seek information concerning the current requirements for MOC. The ABO does not assume responsibility for notifying a diplomate of changing requirements or the impending loss of his/her eligibility to take an examination.

## **Overview**

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The ABO’s MOC process includes elements that promote a commitment to lifelong learning and practice improvement. MOC was developed according to standards established by the American Board of Medical Specialties (ABMS), the umbrella organization of the 24 medical specialty boards.

MOC focuses on six general competencies identified jointly by the ABMS and the Accreditation Council for Graduate Medical Education (ACGME) in an effort to define the skills and information necessary for a physician to deliver high quality patient care:

- **Patient Care and Procedural Skills** that are compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
- **Medical Knowledge** about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
- **Practice-Based Learning and Improvement** that involves investigation and evaluation of patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
- **Interpersonal and Communication Skills** that result in effective information exchange and teaming with patients, their families, and other health professionals.
- **Professionalism** as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
- **Systems-Based Practice** as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

The ABO evaluates these competencies through four components designed to be completed over the 10-year certification cycle. The four MOC components include:

### **Part 1: Professional Standing**

A valid and unrestricted license to practice medicine is required throughout certification.

### **Part 2: Lifelong Learning and Self Assessment**

- A total of 30 Continuing Medical Education (CME) credits per year multiplied by the year a diplomate takes the cognitive exam (year 8, 9 or 10 in the 10-year cycle) or a maximum of

300 CME by the end of the tenth year of certification is required. The ABO requires diplomates to complete at least three total CME credits in ethics.

- Two Periodic Ophthalmic Review Tests (PORTs) are required. PORTs are 50-item online, on-demand, open-book self-assessment tests that reflect the content of the closed-book cognitive exam.

### **Part 3: Cognitive Expertise**

The Demonstration of Ophthalmic Cognitive Knowledge (DOCK) exam is a secure, proctored 150-item computer-based examination designed to reflect individual practice and to evaluate clinically relevant knowledge important to the delivery of quality eye care. DOCK is required of all diplomates participating in MOC.

### **Part 4: Practice Performance**

One online, on-demand Office Record Review (ORR) is required. ORR is a self-review of 15 current patient records.

A complete description of the requirements is included in this publication. Diplomates can review their MOC activity timeline and progress **at any time** by logging into the ABO website.

## **Requirements and Timeframe**

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Each component is completed in a specific timeframe over the 10-year MOC cycle: ORR once in years 3-4; 2 PORTs once in years 5-7; and DOCK once in years 8-10. **Please note: the components and their required timeframe may be slightly different for each group of diplomates. A diplomate's personalized MOC timeframe chart, displayed upon login to the MOC Status Page, serves as the official and correct statement of timeframe requirements.** When each component is required corresponds to the year a diplomate was most recently certified or recertified. Methods to satisfy the four components of MOC are continuously reviewed and updated to ensure that the MOC process remains valuable for diplomates.

The MOC timeframe available on your online MOC Status Page provides an overview of your current requirements. A diplomate's status page on the ABO serves as the official and up-to-date set of timeframe requirements.

## **MOC for Non Time-Limited Certificate Holders**

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Diplomates who hold a non time-limited certificate (certified prior to 1992) are strongly encouraged to participate in MOC. To begin the MOC process, interested applicants must complete an MOC enrollment form agreeing to the terms and conditions. The application form must be completed via the ABO website. The ABO sends approved applicants instructions for completing each component. Approved applications are valid for a period of three years. **Non time-limited diplomates who complete the MOC process will receive a recertification certificate valid for 10 years; such diplomates' non time-limited certificates will not be affected.**

## **2011 MOC Dates and Deadlines**

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### **February – December 31, 2011**

Office Record Review (ORR) – online, on-demand

Periodic Ophthalmic Review Tests (PORT) – online, on-demand

### **February – June 1, 2011**

Online registration for September 1-30, 2011 Demonstration of Ophthalmic Cognitive Knowledge (DOCK) Examination

### **June 2 – August 1, 2011**

Online applications accepted with a \$300 late fee for September 1-30, 2011 DOCK Examination

### **July 2011**

Approved diplomates will be sent an email with instructions for scheduling an appointment at an ACT Center location.

### **September 1-30, 2011**

DOCK administered by one-day appointment at nationally-distributed test centers.

## MOC Components

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### PART 1: PROFESSIONAL STANDING

As of the date of application and at all times throughout certification, the diplomate must hold a valid and unrestricted license(s) to practice medicine in the United States, its territories or Canadian province in which the applicant's practice of medicine is regularly conducted.

**A diplomate must notify the ABO of any action taken by a State Medical Licensing Board within 60 days of such action.**

The definitions of restricted licensure and the exceptions to these definitions are described in the ABO's Rules and Regulations.

#### **Individuals in the Military**

Individuals in the military meet the valid and unrestricted licensing condition if they are on full-time active duty as a physician at an installation of the United States Armed Services and submit a valid and unrestricted military medical license. Accompanying this military license must be a signed document from the individual's commanding officer stating that he/she solely provides medical care and treatment on the military installation to members of the United States Armed Services and their dependents.

#### **Individuals Practicing Outside the United States, its Territories, or Canadian Provinces**

Ophthalmologists practicing outside of the United States, its territories, or Canadian provinces and who wish to undergo maintenance of certification when it is due must:

- maintain a current valid and unrestricted license to practice medicine in the United States, its territories, or Canadian provinces as of the date of application and at all times throughout the MOC process;
- and submit to the ABO at the time of registration for any MOC component, a current valid medical license in all jurisdictions in which they currently practice.

If a physician is practicing full time in a country other than the United States, its territories, or Canada, the ABO in its sole discretion may allow the physician to maintain certification even though the physician does not have a full and unrestricted license in at least one jurisdiction in the United States, its territories, or Canada, provided that all of the following requirements are met:

- the physician has complied with all legal and regulatory requirements governing the practice of medicine in the country in which the physician is practicing medicine and has received any necessary licensure for practice in that country;
- the physician's license to practice medicine in a state or territory of the United States or Canada has not been suspended or revoked and has not lapsed or been surrendered in one or more jurisdictions to avoid sanctions by the jurisdiction's licensing authority;
- and the physician has demonstrated to the satisfaction of the ABO that he or she is complying with appropriate standards of professionalism.

### **Licensure Monitoring**

The Disciplinary Action Notification Service (DANS) is a system that allows the ABO to verify the licensure status (disciplinary actions) of candidates for Board certification and for ABO diplomates.

This system was developed by the American Board of Medical Specialties (ABMS), the umbrella organization of the 24 medical specialty boards, through an agreement with the Federation of State Medical Boards (FSMB). The collaboration of these two organizations fulfills their respective missions to protect and assure the public about the quality medical care delivered by physicians in the United States.

The ABO monitors the electronic notification of disciplinary sanctions imposed on the licenses of candidates and ABO diplomates.

## **PART 2: LIFELONG LEARNING AND SELF ASSESSMENT**

### **Continuing Medical Education (CME)**

Diplomates must obtain an average of 30 Category 1 CME credits per year from an Accreditation Council for Continuing Medical Education (ACCME) approved organization since the date of certification and throughout the 10-year MOC cycle.

### **Ethics CME**

Three CME credit hours must be in ethics. The ABO's ethics requirement is designed to encourage ophthalmologists to recognize and resolve the ethical dilemmas which directly impact patient care. While there are no specific guidelines regarding courses that satisfy the ethics requirement, the course should contain the word "ethics" in the title or be designated as ethics by the sponsoring organization. Ethics courses can be found through various institutions, such as bioethics departments of many universities, community hospitals and medical centers. The American Academy of Ophthalmology (AAO) also has an active ethics program which offers courses at its annual meeting and has on-line ethics courses at [aao.org](http://aao.org).

**The Board does not accept risk management or medico-legal courses as ethics courses.** Please note, even if an ACCME-sponsored organization designates a specific course as ethics, the ABO reserves the right to accept or reject any course submitted as ethics based on course content. Diplomates can submit documentation on the content of CME courses to the ABO office for further review as ethics.

### **CME Submission**

- One Submission at the Time of DOCK Registration: To complete this option, diplomates must submit a total of 30 credits multiplied by the year they are planning to sit for the cognitive examination as a requirement for registration. For example, a diplomate registers for the cognitive exam in the first year he/she is eligible, year 8:  $8 \times 30 = 240$  CME are due with registration. If a diplomate submits the required amount of CME, he/she will owe no additional CME towards MOC.

- **Multiple Submissions:** Diplomates who do not have the required number of CME at the time of registration must submit a total of 300 CME by the December 31 expiration date of their current certificate. CME can be submitted at any time prior to certificate expiration.

Diplomates will log their CME information on their personalized diplomate status page. The CME tracking tool requires a diplomate to list his/her CME since the date of Board certification. To log a course into the tracking system, the following information is required: name, sponsor, location and dates of the CME courses completed. The ABO does not require individual CME certificates; however, the ABO reserves the right to verify CME by asking for documentation.

### **Periodic Ophthalmic Review Tests (PORTs)**

PORTs are a series of 50-item, online self-review tests in Core Ophthalmic Knowledge (knowledge considered fundamental to the practice of ophthalmology regardless of the practice emphasis) and 10 Practice Emphasis Areas (PEAs). Two PORTs are required: one in Core and one in a PEA of choice.

**The percentage correct needed to pass each PORT module is 80%.** Diplomates receive instant feedback on responses and overall performance.

The PORT program was developed in an effort to create a series of mini-examinations that would meet the MOC goal of encouraging lifelong learning and self-assessment, while also providing diplomates with the opportunity to obtain valuable feedback prior to sitting for the DOCK examination. The ABO anticipated that diplomate performance on the PORTs would be high, therefore validating the content of the examinations as clinically relevant information applicable to the practicing ophthalmologist.

## **PORT Modules**

Core modules include knowledge considered fundamental to the practice of ophthalmology regardless of an individual's practice emphasis.

PEA modules include knowledge considered important to an ophthalmologist who has a particular practice emphasis. The ABO offers modules in nine PEAs and Comprehensive Ophthalmology, for both the PORT and DOCK:

- Cataract/Anterior Segment
- Comprehensive Ophthalmology
- Cornea/External Disease
- Glaucoma
- Neuro-ophthalmology and Orbit
- Oculoplastics and Orbit
- Pediatric Ophthalmology/Strabismus
- Refractive Management/Intervention
- Retina/Vitreous
- Uveitis

There is no fee for participation in two PORTs: one Core Ophthalmic Knowledge (Core) and one Practice Emphasis Area (PEA).

There are three versions of all PORT modules, except Uveitis, which has two modules available. Additional PORTS are \$100 each.

## **PORT Content and Module Availability**

Content of the PORTs is similar to the content of the DOCK exam. The content of both the PORT and DOCK exams is based on the Practicing Ophthalmologists Curriculum (POC). See page 20 for more information about the POC.

Because PORTs are designed to help identify strengths and weaknesses prior to sitting for the closed-book DOCK exam, the ABO encourages all diplomates to take two PORTs in the same subjects they are planning to select for the DOCK.

## **PORT Administration**

PORT exams are administered online and are available 24 hours a day, seven days a week through the ABO website February through December 31 of each year. Using the login information provided by the ABO, diplomates will access PORTs through a personalized MOC status page.

The MOC Status Page will indicate the MOC components for which diplomates are currently eligible. Diplomates eligible for the PORTs will click on the “Periodic Ophthalmic Review Tests (PORT)” link on the MOC status page to begin the registration process.

All diplomates participating in MOC will have access to two PORTs: one in Core and one in a PEA of choice. Once on the PORT registration page, diplomates select their PORT(s) of choice and agree to the terms and conditions. Upon registration approval, diplomates will be presented with a link to the PORT administration homepage. Diplomates will receive instant feedback on responses and overall performance.

Please Note: The ABO partners with Castle Worldwide, Inc. to provide online delivery of and technical assistance for the PORT.

## **PORT Timeframe**

Diplomates may have only one PORT open at a time. Diplomates have 30 days to complete each PORT once it is started. The 30-day test window begins when diplomates open the PORT module. During the 30-day timeframe, users can access and re-access the PORT at any time.

Diplomates who fail to complete the PORT by the end of the 30-day time limit will see their PORT window automatically close. Any PORT with 40 or more questions answered will be scored. Any

PORT with less than 40 questions answered will not be scored and will be recorded incomplete.

PORTs are administered during a calendar year. Any PORT(s) that a diplomate registers for in a particular year must be completed by December 31 of that same year. For example, diplomates who register for a PORT on December 15, 2011 must complete it by December 31, 2011. Diplomates who do not complete a PORT by December 31 of the year in which they registered for it will forfeit the PORT.

### **PORT Technical Assistance**

The PORT program features a tutorial and practice test to help familiarize users with the online testing environment, as well as a telephone number and email to request technical assistance. For questions regarding the overall PORT program, selection of PORT modules, or the content of PORT modules, users should call or email the ABO office.

## **PART 3: COGNITIVE EXPERTISE**

### **DOCK Examination**

The Demonstration of Ophthalmic Cognitive Knowledge (DOCK) examination is required for completion of MOC. The DOCK application period runs from February – June 1, 2011 for the September 1-30, 2011 examination.

DOCK is a secure, proctored, 150-item computer-based examination administered at nationally-distributed test centers for a period of one month each year in September. DOCK is comprised of three 50-item modules: one in Core Ophthalmic Knowledge (Core: knowledge considered fundamental to the practice of ophthalmology regardless of the practice emphasis) and two in Practice Emphasis Areas (PEAs) selected from the list below.

There are two versions of most PEAs; however, there is only one version of the Refractive Management/Intervention and Uveitis

modules. Diplomates can opt to select two modules from one PEA or one module from two different PEAs:

- Cataract/Anterior Segment
- Comprehensive Ophthalmology
- Cornea/External Disease
- Glaucoma
- Neuro-ophthalmology and Orbit
- Oculoplastics and Orbit
- Pediatric Ophthalmology/Strabismus
- Refractive Management/Intervention
- Retina/Vitreous
- Uveitis

Tip: PEAs are designed to correspond to specialty practice areas. It is recommended that you select a PEA module(s) focusing on an area in which you specialize.

Other areas to be covered in the DOCK include patient safety, environment of medical practice and ethics. The exam is administered in an approximately four-hour testing period, which includes a tutorial and optional break time. Diplomates will be required to achieve an overall passing grade based on the combined grades of all three modules.

### **DOCK Content**

DOCK is designed to evaluate clinically-relevant knowledge important to the delivery of quality eye care. The content of DOCK is based on the Practicing Ophthalmologists Curriculum (POC). Please see page 20 for a complete description of the POC.

### **DOCK Timeframe**

DOCK must be completed once during the MOC cycle. Diplomates generally complete the DOCK in years 8-10 of each 10-year cycle; however, the timeframe requirements are slightly

different for each group of diplomates. Diplomates can determine when they are eligible for the DOCK by reviewing their MOC timeframe chart on their online MOC Status Page.

### **Applying for the DOCK February - June 1, 2011**

Eligible diplomates can apply online from February-June 1, 2011, for the September 2011 DOCK. Late applications will be accepted from June 2 – August 1 with a \$300 late fee. Diplomates eligible for the DOCK can click on the “Demonstration of Ophthalmic Cognitive Knowledge (DOCK)” link on their MOC Status Page to begin the application process.

### **DOCK Scheduling**

In July, approved diplomates will be sent an email with instructions for scheduling an appointment at an ACT Center location. The availability of nationally-distributed test centers should enable diplomates to take the DOCK in a location close to home or practice. Every effort will be made to ensure a requested test site is honored; however, diplomates who do not schedule in a timely fashion may not be able to schedule an appointment at their desired center. For more information on computer-based testing and scheduling procedures, see the Guide to the DOCK available on the ABO website.

### **ACT Center Locations**

ACT provides computer-based testing services for academic assessment, professional licensure and certification. The DOCK will be given at ACT Center locations in the United States, Puerto Rico and Canada. These test centers provide the resources necessary for secure administration of the DOCK, including video and audio recording and the use of digital cameras to record the identity of the examinees. For more information on ACT, visit [act.org](http://act.org).

## **Practicing Ophthalmologist Curriculum (POC)**

In the development of its Maintenance of Certification examinations, the American Board of Ophthalmology references an evidence-based curriculum of ophthalmic knowledge known as the Practicing Ophthalmologists Curriculum (POC). This document identifies and defines areas of clinically relevant knowledge considered fundamental to the delivery of quality eye care. The POC is developed by clinical ophthalmologists in comprehensive ophthalmology and nine subspecialty areas, and is maintained by the American Academy of Ophthalmology (AAO).

The POC serves as the basis for material appearing on the ABO's Periodic Ophthalmic Review Tests (PORTs) and the Demonstration of Ophthalmic Cognitive Knowledge (DOCK) examination. The POC topic outline provides a content overview for these exams and is available free on the AAO website. For access to the full POC, please contact the Academy's O.N.E. Network. The ABO, as a matter of policy, does not require or recommend third-party test preparation products or purchase.

### **PART 4. PRACTICE PERFORMANCE ASSESSMENT**

The purpose of the performance in practice component is to improve patient care through a continuous cycle in which diplomates review the care of their patients; compare the care with best practice standards; acquire new knowledge and skills; and apply the new knowledge and skills to patients under their care.

Presently, the diplomates assess their practice performance through the Office Record Review (ORR), described in detail below. The ABO intends to enhance the ORR in a way that will encourage the acquisition of new knowledge and skills that will permit the demonstration of an improvement in practice. The ABO will notify all diplomates of changes to the MOC process via the annual newsletter and on its webpage.

## **The Office Record Review (ORR)**

The ORR is an online self-review of clinical practice in which diplomates review 15 current patient charts. The ORR consists of more than 40 ophthalmic diagnoses with specific criteria (ORR modules), for example:

*Myopia: a new adult patient who presents with myopia, seen by you at least once in the past 12 months.*

ORR module content encompasses practice patterns related to the specific diagnosis. Self-review of patient charts via ORR modules is meant to assess the quality of practice through verification of the documentation of appropriate measurements, diagnosis, management, treatment, and follow-up.

The ORR is available to eligible diplomates online, on-demand via the ABO website: [abop.org](http://abop.org).

## **ORR Administration**

To complete the ORR, diplomates select three ORR modules and find five patient records for each that correspond to the modules' criteria (15 patient records in all).

The ORR is administered online and is available 24 hours a day, seven days a week through the ABO website February through December 31 of each year. Using the username and password provided by the ABO, diplomates will log into the ABO website and will be presented with a personalized MOC status page. The status page will indicate the MOC components for which diplomates are currently eligible. Diplomates eligible for the ORR, may click on the "Office Record Review (ORR)" link on the MOC Status Page to begin the registration process. Upon registration approval, diplomates will be presented with a link to the ORR administration homepage.

The fee for the 2011 ORR is \$775 and represents approximately half of the entire fee for the 10-year MOC process.

Please Note: The ABO partners with Castle Worldwide, Inc. to provide online delivery of and technical assistance for the ORR.

## **ORR Registration**

The first step in registering for the ORR is selecting three ORR modules and finding five patient records for each that meet the modules' criteria. The ABO requires some basic, non-identifying information about the patient records to be used, including year of birth, initial visit date and most recent visit date. The patient records that diplomates review are self-selected from their current practice. The ABO encourages diplomates to select consecutive records pertinent to the specific ORR in order to obtain an accurate snapshot of practice. The online ORR program will guide users through entering the required information. Once all patient information is entered, diplomates will be prompted to start the ORR.

Tip: The ABO recommends that diplomates select the three ORR modules and the five patient records **PRIOR** to registering for the ORR. Because the criteria for each module are specific, it is important to identify the availability of the correct number of patients (5) for each module. To aid diplomates in becoming familiar with the ORR process, the ABO developed the Guide to the Office Record Review, which includes a list of all ORR modules with the required criteria and instructions for selecting the patient records to be used for the review. The Guide to the Office Record Review is available on the ABO website.

## **Reviewing Patient Charts**

Based on the information in each patient record, users complete the 15 ORR modules by indicating if the information requested is recorded, not recorded or not applicable. A good method for determining if information is recorded or not is to view the records from another ophthalmologist's perspective — can another ophthalmologist determine specific information about the patient from what is recorded in the chart?

For example, the patient record documents that the patient “has no history of systemic disease.” The ORR module asks if “History of heart disease” is recorded or not. While the patient record does not specifically state “heart disease,” heart disease is a systemic disease and, therefore, the answer is recorded.

Once the ORR is complete, diplomates will receive instant feedback on responses and overall performance. There is no pass/fail standard for the ORR; the program is recorded as complete or incomplete.

### **ORR Timeframe**

ORR must be completed once during the MOC cycle. Diplomates will generally complete the ORR in years 3-4 of each 10-year cycle; however, the timeframe requirements are slightly different for each group of diplomates. Diplomates can determine when they are eligible for ORR by reviewing the MOC timeframe chart on their MOC Status Page.

The ORR must be completed within 30 days of starting the actual review of patient charts. The start date of the 30-day window is the day when a diplomate finishes submitting the required information on all 15 charts he/she will review. Once started, the ORR can be accessed and re-accessed during the 30-day timeframe. Diplomates who do not complete the ORR will be sent an email reminder seven days before the end date.

Additionally, the ORR is administered during a calendar year. Any ORR that an examinee registers for in a particular year must be completed by December 31 of that same year. For example, diplomates who register for ORR on December 15, 2011 must complete the ORR by December 31, 2011. Diplomates not complete the ORR by December 31 of the year in which they registered will forfeit the ORR.

The MOC process is designed to be completed in incremental stages throughout the 10-year cycle. Diplomates who do not complete the ORR during their required MOC timeframe will be

subject to a \$300 late fee and will risk exceeding the 10-year time limit and, therefore, loss of Board certification.

### **ORR Technical Assistance**

The online ORR program offers a browser test page to test internet browser capability (standard Internet Explorer or Netscape), as well as a telephone number and email to request technical assistance.

## POLICIES

### **Failure to Adhere to Timeframe**

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Diplomates who fail to successfully complete MOC components within the specified timeframe risk exceeding the 10-year time limit and will incur a financial penalty. Diplomates who exceed their time limit may lose their certification.

### **Failure to Pass MOC Components**

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All MOC components can be repeated as often as necessary prior to the expiration of the current certificate. Components that need to be repeated or that are not completed during the years designated in the MOC timeframe are subject to additional fees and/or late fees. Diplomates who do not successfully complete all MOC components prior to the expiration of their current certificate can continue to pursue MOC in three-year MOC application intervals, but will remain decertified until such time as they have successfully completed all components.

### **Applicant Disclosure Obligations**

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At the time a person submits an application to the ABO and at all times thereafter, the person shall have a continuing obligation to disclose promptly to the ABO the existence or occurrence of any circumstances causing the person to fail to satisfy the foregoing condition of eligibility to apply for and take any examination administered by the ABO. A person submitting an application to the ABO shall inform the ABO on the application or in a written submission to the ABO before taking any examination administered by the ABO, as the case may be, if the person's license to practice medicine in the United States, its territories, or Canadian province has previously been surrendered or not renewed upon its expiration or if the person's practice of medicine or license to practice medicine in the United States, its territories, or Canadian province has previously been revoked, restricted, conditioned, suspended, limited, qualified, or subject to the terms of probation.

## **Disabilities**

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The ABO complies with the Americans with Disabilities Act (ADA) to mitigate the effects of an ADA-qualifying disability on the testing activity. To accommodate individuals with disabilities, the ABO will make reasonable modifications to its examinations that do not fundamentally alter the requirements of the examination or the measurement of the skills or knowledge the ABO examinations are intended to test. Individuals requesting accommodation for cognitive disabilities should contact the Board for more information regarding documentation requirements.

An applicant for MOC who believes that he or she is disabled within the meaning of the Americans with Disabilities Act, and who requests an examination under nonstandard conditions, shall specify upon application the existence, the specific nature, and the extent of disability as well as the specific modification requested.

**The candidate shall also submit with the timely filed application all independent documentary evidence substantiating the individual's disabilities.**

Documentation includes but is not limited to:

- Name, address, telephone number and qualifications of each expert who provides a report documenting the individual's disabilities.
- Dates and locations of all assessments performed and included in the documentation.
- Copies of evaluation reports with scores or ratings for each standard instrument or assessment method used. The ABO requires that this documentation be no more than three years old.
- A full description of any nonstandard instruments and assessment methods used to determine the disabilities and diagnoses.
- Any diagnoses of the individual's disabilities using standard nomenclature; i.e., International Classification of Diseases (ICD); American Psychiatric Association Diagnostic and Statistical Manual (DSM).

- A description of the individual's functional limitations due to any disabilities.
- Reports of any past accommodations on examinations the individual received because of the disabilities.

The ABO will verify the documentation of the disability and reserves the right to have the individual independently evaluated at its own expense, where necessary, to evaluate an individual's need for an examination modification. Additional documentation may be required pursuant to the current guidelines of the ABO with respect to the specific disability claimed by the candidate.

## **Examination Fees**

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The fees for examinations shall be established annually by the Board of Directors on the basis of the actual and anticipated costs of the ABO in the examination of candidates and diplomates and in the administration of its business. The Directors of the ABO serve without compensation except for reimbursement of expenses, and every effort is made to maintain stable costs from year to year.

The MOC fees for 2011 are:

- Office Record Review (ORR): \$775
- Periodic Ophthalmic Review Tests (PORT): no fee for two PORTs (one Core and one PEA); additional PORTs are \$100 each.
- Demonstration of Ophthalmic Cognitive Knowledge (DOCK) exam: \$775

## **Refund Policy**

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When diplomates register for an examination, significant costs are incurred by the ABO. Therefore, to keep costs down for all diplomates, fees for examinations are non-refundable, regardless of the reason.

## **Results of Examinations**

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Diplomates will receive instant feedback on participation in the Office Record Review and the Periodic Ophthalmic Review Tests. Approximately eight weeks after the last day of the September Demonstration of Ophthalmic Cognitive Knowledge (DOCK) testing window, diplomates shall be notified by the Executive Director as to the results thereof. The decision of the ABO as to these results shall be final and conclusive. Grades are not subject to appeal. Because such is the case, individual Directors of the ABO should not be contacted about specific examination results. To preserve confidentiality, results of the DOCK examination will be provided in writing by standard U.S. mail only.

## **Disciplinary Sanctions**

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The ABO shall have the authority to impose disciplinary sanctions upon a diplomate for any of the following reasons:

- violation of rules and regulations of the ABO relating to MOC examinations and applications to take the examinations;
- substantial misstatement or omission of a material fact to the ABO in an application or in any other information submitted to the ABO;
- presenting or distributing, or aiding or assisting another person(s) to present or distribute, a forged document or other written instrument purporting to have been issued by or under the authority of the ABO to evidence that a candidate, diplomate, or any other person(s) is currently or was previously certified by the ABO, when that is not the case, or claiming orally or in writing, or assisting another person(s) to claim, that a candidate, diplomate, or any other person(s) is currently or was previously certified by the ABO, when that is not the case;
- any license of the person to practice medicine is not, or ceases to be, a valid and unrestricted license to practice medicine within the meaning set forth in the Rules and Regulations of the ABO;

- issuance of a certificate contrary to or in violation of the Rules and Regulations of the ABO;
- ineligibility of the person to whom the certificate was issued to receive the certificate;
- engaging in any conduct that materially disrupts any examination or that could reasonably be interpreted as threatening or abusive toward any examinee, proctor or staff.

## **Statements of Eligibility**

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The ABO does not issue statements of “eligibility” for its examinations. The only information the ABO will divulge is whether a physician is or is not certified or recertified. Inquiries to the ABO by outside agencies about the certification status of physicians who have inactive applications or who hold lapsed or revoked certificates will be answered by stating that said physician is not Board certified. The ABO charges a \$35 fee for each formal, written verification of a physician’s certification.

## MISCELLANEOUS

### **AMA Physician Recognition Award**

The American Medical Association (AMA) allows the completion of the board certification or recertification process to be claimed as CME credit as part of its Physician Recognition Award (PRA) program. Please contact the AMA for more information.

### **American Board of Medical Specialties**

The American Board of Medical Specialties (ABMS) was established in 1933 to serve in an advisory capacity to the American Specialty Boards. The American Board of Ophthalmology is officially recognized by the ABMS and contributes an annual fee in addition to a per capita fee for each new diplomate certified, as do all other medical specialty boards, to the American Board of Medical Specialties in support of the activities of ABMS. The American Board of Ophthalmology provides an annual listing of new diplomates for inclusion in the Official ABMS Directory of Board Certified Medical Specialists, published by Elsevier Inc. in cooperation with ABMS. This listing is cost free. All ABMS Member Boards are listed below:

American Board of Allergy & Immunology

American Board of Anesthesiology

American Board of Colon & Rectal Surgery

American Board of Dermatology

American Board of Emergency Medicine

American Board of Family Medicine

American Board of Internal Medicine

American Board of Medical Genetics

American Board of Neurological Surgery

American Board of Nuclear Medicine

American Board of Obstetrics & Gynecology

American Board of Ophthalmology

American Board of Orthopaedic Surgery

American Board of Otolaryngology

American Board of Pathology

American Board of Pediatrics

American Board of Physical Medicine & Rehabilitation

American Board of Plastic Surgery

American Board of Preventive Medicine

American Board of Psychiatry & Neurology

American Board of Radiology

American Board of Surgery

American Board of Thoracic Surgery

American Board of Urology