Objectives

• Understand the new ABP Maintenance of Certification (MOC) process and the role of ABP in improving children’s healthcare quality
• Understand the importance of collaboration for MOC
• Understand how this affects you personally if you are certified in pediatrics

I have no conflicts of interest to declare

Understanding Maintenance of Certification - MOC
Objectives

• Understand the new ABP Maintenance of Certification (MOC) process and the role of ABP in improving children’s healthcare quality
• Understand the reasons for a change in the certification process
• Understand the importance of collaboration for MOC
• Understand how this affects you personally if you are certified in pediatrics

I have no conflicts of interest to declare.
About the ABP

- Independent certifying board that is not membership-based
- Sole mission is to the public
- One of the 24 specialty boards of the American Board of Medical Specialties (ABMS)
- Created in 1933 by the pediatric community to certify physicians with specialized education and clinical expertise in the care of children
- Includes 250 physicians who volunteer their time to set the standards of certification

The American Board of Pediatrics
111 Silver Cedar Court
Chapel Hill, NC  27514
Number of Certified Pediatricians

The American Board of Pediatrics
Overall Total Number of First-Time Applicants
First Year Fellows
(ABP Subspecialty Tracking)

Academic Year

The American Board of Pediatrics
The Evolution of Board Certification

Permanent Certification
Until 1988, certification was done by successfully passing a test of knowledge only once in a career, typically at the end of training.

Time-Limited Certification
Beginning in 1989, a diplomate was required to successfully pass a similar test of knowledge every 7 years.

Maintenance of Certification (MOC)
Beginning in 2010, diplomates will maintain certification by continual evaluation of the competencies verified during residency. A secure test of knowledge is one part of this four-part program.

The ABP certifies physicians who demonstrate a commitment to *lifelong learning* and providing the highest quality care.
In a report published by the Commission on Graduate Medicine in 1940, the following paragraph entitled “Time Limit on Certification” is included:

“Many persons argue that certification of a specialist indicates that he is up-to-date and competent at the time of examination but that this does not prove that he continues indefinitely thereafter to be competent and aware of all important new knowledge in his field. This is obviously true and, as the certifying Boards become established and as they complete the examination of the large group of physicians already practicing the specialties, they may find it desirable to issue certificates that are valid for a stated period only.”
The ABP in 1974

BROWN, Harold James
M.D. 85 Lawrence Rd., Apt. D-15,
Broomall, Penna. 19008

Appl. filed 1-20-72 with $175 fee.

11/11/43 - N.J. COLL. OF MED., 1969 (Children's Hosp. of Phila.)
Sponsors: A. Bongiovanni
David Cornfeld

Passed '72
Passed No. 3/3/74

CERTIFICATE NO. 17021 - 7/1/74

A-1-2-N 40-05

Elig.: 7-1-74
The year 2000...
The Reasons for the Changes

- IOM reports *Crossing the Quality Chasm* and *To Err is Human* documenting the need for changes leading to improvement
- Health care research that uncovered wide gaps in the quality and cost of care for conditions known to have a best practice
- The public awareness about the quality gaps
- The public’s demand for accountability from all involved in the profession

A system based simply on a single or periodic tests of knowledge is needed improvement.

“Trust me, I am a physician.”

“Show me the Data”
Designed to Help Close the Gap

The Gap Between Knowing and Doing

- Adults receive recommended appropriate care **54% of the time** (McGlynn)
- Children receive recommended appropriate care **46.5% of the time** (Mangione-Smith)
Annals of Medicine
New Yorker
June 1, 2009
Atul Gawande
Time Magazine - June 29

More Data + Less Care = Better Health + Lower Cost
So...what now?

If the horse dies...

GET OFF!
ACGME & ABMS Competencies

Jointly developed six areas in which a physician must be competent in order to deliver quality care:

- Professionalism
- Patient care
- Communication skills
- Medical knowledge
- Practice based learning
- Systems based practice
The 6 Competencies

- All six competencies are now measured during training programs
- The Joint Commission has suggested their measurement for hospital credentials
- The FSMB has incorporated them in their proposed MOL program
- They form the basis for the MOC process
How often should doctors be assessed to ensure they remain qualified?

Published by the Federation of State Medical Boards - 2008

- >Once/year: 314
- Every 1-2 years: 1155
- Every 2-5 years: 799
- Every 5-10 years: 253
- <once/10 years: 10
- Never: 10
- No opinion: 159
More than eight in ten respondents believe health care professionals should be evaluated at least every five years by the state Board on their ability to practice safely. Almost eight in ten believe that they should also be required at least every five years to pass a written test of medical knowledge and be rated by health care professionals with whom they work as well as by their patients.
Table 2. All respondents: Importance of various factors in demonstrating continuing competence for physicians who care for children

*Please think about all doctors who take care of children. Once a doctor has started to practice, how important are each of the following to make sure that the doctor continues to be qualified?*

<table>
<thead>
<tr>
<th>Factor</th>
<th>Very important</th>
<th>Important</th>
<th>Not important</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being checked for the quality of care for medical problems that they treat often</td>
<td>65%</td>
<td>30%</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>Having a low number of malpractice cases</td>
<td>61%</td>
<td>30%</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td>Passing a written test of medical knowledge at regular intervals</td>
<td>57%</td>
<td>31%</td>
<td>7%</td>
<td>5%</td>
</tr>
<tr>
<td>Receiving high ratings from patients and/or their families</td>
<td>52%</td>
<td>39%</td>
<td>6%</td>
<td>3%</td>
</tr>
<tr>
<td>Being a member of a professional group (such as the of Pediatrics)</td>
<td>46%</td>
<td>37%</td>
<td>13%</td>
<td>4%</td>
</tr>
</tbody>
</table>
• A four-part process that continues to measure the six core competencies defined by the ACGME/ABMS developed in 2001 (professionalism, patient care, practice based learning, systems based practice, communication, knowledge)

• Adopted as the standard of certification by all 24 specialty boards of the ABMS

• Meeting MOC requirements has become public information for all diplomates of the ABP

• The four parts assess professionalism (Part 1), knowledge acquisition and self-assessment (Part 2), fundamental knowledge of the specialty (Part 3), and practice performance and improvement (Part 4)

• All MOC programs include a secure examination
The Four Parts

• Part 1 assesses professionalism
• Part 2 shows evidence of knowledge acquisition and self assessment
• Part 3 assesses the fundamental knowledge of the specialty
• Part 4 assesses a diplomate’s ability to assess and improve the quality of their practice
Requirement for Part 1:

✓ All diplomates must hold a valid, unrestricted medical license
Part 2 MOC – Knowledge Self Assessment

40-point minimum per 5-year MOC cycle

Requirements for Part 2:

- All approved Part 2 activities are assigned a point value by the ABP.

- Diplomates must complete activities provided by either the ABP or approved outside providers.

- You must have at least 40 points of Part 2 activities per 5-year MOC cycle.

### Part 2 Menu of Options (Example)

| Topic                                | MOC Points*
|--------------------------------------|-------------
| Adolescent Medicine                  | 15          
| Allergy and Immunology               | 10          
| Child Abuse                          | 15          
| Critical Care Medicine               | 15          
| Development and Behavior             | 15          
| General Pediatric Decision Skills    | 10          
| General Pediatric Knowledge          | 10          
| Neonatology                          | 15          
| Pediatric Cardiology                 | 15          
| Pediatric Emergency Medicine         | 15          
| Pediatric Nephrology                 | 15          
| Pediatric Sports Medicine            | 15          
| PREP Self-Assessment**               | 20          
| Principles of Quality Improvement    | 15          

*Point values are for example purposes only. Actual point values are currently being developed.

**Developed and administered by the AAP; requires payment directly to the AAP for access.
Requirement for Part 3:

- Successfully pass a secure test of knowledge every 10 years in each area of certification.

Although the MOC cycle is 5 years, a secure test of knowledge is only required every 10 years.
• The MOC exams are produced separately.
• The content outline is used for both the initial certification exams and the MOC exams.
• The percentage of questions in each content area is basically the same for both exams.
• What differs is the type of question chosen for the 2 exams.
• The intended purpose of the exams is not the same.
Requirements for Part 4:

- **Option 1**: The Part 4 MOC requirement for Performance In Practice can be met by completing web-based Quality Improvement activities.

- **Option 2**: Participate in an ongoing ABP-approved collaborative Quality Improvement project.

40-point minimum per 5-year MOC cycle
Examples of Option 1
(Web-based QI Project)

ABP “Flu” Immun PIM
AAP Nutrition
ABMS Patient Safety
Welcome to the ADHD Performance Improvement Module

Partnering with Patients & Families
Caregivers • Parents • Physicians • Patients

Ideal Care

Attention deficit hyperactivity disorder (ADHD) is one of the most prevalent chronic health problems affecting children. Systematic, guideline-based diagnosis, treatment, and follow-up care improve outcomes and quality of life for children with ADHD.

Learn effective strategies and implement proven tools to deliver ADHD care.
### Part 4 MOC – Menu of Options

<table>
<thead>
<tr>
<th>Web Based Modules</th>
<th>MOC Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>EQIPP Modules from AAP* (asthma, ADHD, nutrition, immun, development)</td>
<td>15</td>
</tr>
<tr>
<td>Performance Improvement Modules (PIMs) from ABP</td>
<td>5-10</td>
</tr>
<tr>
<td>ABMS Patient Safety Module</td>
<td>15</td>
</tr>
<tr>
<td>Other ABMS board modules</td>
<td>5-10</td>
</tr>
<tr>
<td><strong>ABP Approved QI Projects</strong></td>
<td></td>
</tr>
<tr>
<td>Vermont Oxford Network (2 projects)</td>
<td>20</td>
</tr>
<tr>
<td>California Perinatal Quality Care Collaborative</td>
<td>20</td>
</tr>
<tr>
<td>NACHRI Blood Stream Infection Project</td>
<td>20</td>
</tr>
<tr>
<td>Iowa BCBS Asthma and Immunization</td>
<td>20</td>
</tr>
<tr>
<td>UPIQ (state wide obesity project in Utah)</td>
<td>20</td>
</tr>
<tr>
<td>Cystic Fibrosis Foundation</td>
<td>20</td>
</tr>
<tr>
<td>CHCA (2 projects on hospital codes and throughput)</td>
<td>20</td>
</tr>
</tbody>
</table>

2 options for completion
Mean and Median BSI Rate by PICUs

Part 4 Established QI Projects
Eliminating Bloodstream Infections
In the first 6 months, 29 children’s hospitals reduced infection rates in the PICU by nearly 50 percent by adhering to a rigid set of evidence-based practices shown to prevent infections in children.

51% improvement: 85 lives saved, over 850 infections prevented, $25 million saved over first 30 months. Now with 62 units.
Part 4 – Demonstrated Results in Quality Improvement

Reducing Catheter-Associated Bloodstream Infections to Zero

CA-BSI Rate Trend over 9 months

The American Board of Pediatrics
“Perfect Care”: composite measure of severity classified, identified management plan, and controller medications for patients with persistent asthma

Cumulative % of Asthma Population with "Perfect Care": Network and Select Practices

- OVPCA Network
- Practice 1
- Practice 2
- Practice 3
- Practice 4
- Practice 5
- Practice 6

Long Term Goal = 95%

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Part 4 – Demonstrated Results in Quality Improvement

Perfect Care for Asthma (Cumulative %)

13,000 children with asthma
165 pediatricians
44 practices

Results:
44% ↓ hospital admissions
22% ↓ urgent care/ED visits
30% ↓ missed school days

“Perfect Care”: composite measure of severity classified, identified management plan, and controller medications for patients with persistent asthma.

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### Part 4 Menu of Options (example) - Plus CAPHSS

<table>
<thead>
<tr>
<th>MOC Points</th>
<th>Module Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ADHD Performance Improvement Module</td>
</tr>
<tr>
<td></td>
<td>ADHD eQIPP Module^</td>
</tr>
<tr>
<td></td>
<td>Asthma Performance Improvement Module</td>
</tr>
<tr>
<td></td>
<td>Asthma eQIPP Module^</td>
</tr>
<tr>
<td></td>
<td>Nutrition eQIPP Module^</td>
</tr>
<tr>
<td></td>
<td>Vermont Oxford Network (Project 1)*</td>
</tr>
<tr>
<td></td>
<td>Vermont Oxford Network (Project 2)*</td>
</tr>
<tr>
<td></td>
<td>California Perinatal Quality Care Collaborative*</td>
</tr>
<tr>
<td></td>
<td>Blood Stream Infection Project*</td>
</tr>
</tbody>
</table>

^Developed and administered by the AAP; requires payment directly to AAP for access.

*ABP-approved on-going quality improvement initiatives.
## Part 4 Menu of Options (example)

<table>
<thead>
<tr>
<th>Project</th>
<th>MOC Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cincinnati Children’s Hosp Advanced Assess Project*</td>
<td></td>
</tr>
<tr>
<td>Iowa BCBS Asthma and Immunization Project*</td>
<td></td>
</tr>
<tr>
<td>CF Foundation Improvement Collaborative*</td>
<td></td>
</tr>
<tr>
<td>Envision New Mexico 1^ Care Preventative Services Collaborative**</td>
<td></td>
</tr>
<tr>
<td>CHCA Hosp Code Blues and Throughput Projects**</td>
<td></td>
</tr>
<tr>
<td>Utah Pediatric Partnership for Improving Healthcare Quality**</td>
<td></td>
</tr>
<tr>
<td>Vermont Oxford Network (Project 2)**</td>
<td></td>
</tr>
<tr>
<td>Peds GI IBD Collaborative (Trailblazers)**</td>
<td></td>
</tr>
<tr>
<td>Improving Performance (IPIP) in Practice Primary Care Collaborative***</td>
<td></td>
</tr>
</tbody>
</table>

*ABP-approved on-going quality improvement initiatives.
** Applications received
*** Applications in development
The ABP in 1974

BROWN, Harold James
M.D.

85 Lawrence Rd., Apt. D-15, Broomall, Penna. 19008

Appl. filed 1-20-72 with $175 fee. 100

Elig.: 7-1-74

11/11/43 - N.J. COLL. OF MED., 1969 (Children's Hosp. of Phila.)

Sponsors: A. Bongiovanni
David Cornfeld

Passed '72

Passed N. O. 3/9/74

CERTIFICATE NO. 17021-7/1/74

The American Board of Pediatrics
General Pediatric Certificate Holders
Distribution of Certificate Type
(as of December 31, 2008)

Certificate Type

- Revoked: 0.2%
- Active/Time-limited: 50.3%
- Expired: 9.4%
- Permanent: 40.1%
<table>
<thead>
<tr>
<th>Age Group</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 51</td>
<td>43</td>
<td>0.2%</td>
</tr>
<tr>
<td>51 to 55</td>
<td>3996</td>
<td>14.4%</td>
</tr>
<tr>
<td>56 to 60</td>
<td>6878</td>
<td>24.8%</td>
</tr>
<tr>
<td>61 to 65</td>
<td>6740</td>
<td>24.3%</td>
</tr>
<tr>
<td>66 to 70</td>
<td>4769</td>
<td>17.2%</td>
</tr>
<tr>
<td>71 to 75</td>
<td>3054</td>
<td>11.0%</td>
</tr>
<tr>
<td>76 to 80</td>
<td>1102</td>
<td>4.0%</td>
</tr>
<tr>
<td>81 to 85</td>
<td>629</td>
<td>2.3%</td>
</tr>
<tr>
<td>86 to 90</td>
<td>345</td>
<td>1.2%</td>
</tr>
<tr>
<td>&gt; 90</td>
<td>128</td>
<td>0.5%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>27,684</td>
<td>---</td>
</tr>
</tbody>
</table>
"It is no longer enough for physicians to indicate they are board certified," said speaker Barry M Straube MD. "They must maintain their certification."

Dr. Straube is the chief medical officer and director of the Office of Clinical Standards and Quality Centers for Medicare and Medicaid Services.
• Federation of State Medical Boards White Paper on MOL

• May include an examination every 10 years

• Has 4 parts

• Strongly suggests that meeting the requirements of ABMS MOC will fulfill MOL requirements
Ironically and fairly hypocritically, many of the certifying boards, such as the American Board of Internal Medicine and the American Board of Pediatrics, have "grandfathered" physicians certified prior to circa 1990, ie there is no requirement for such physicians to recertify. These are, of course, the very physicians who have had substantial time elapse since their training and so, as implied above, are deliverers of inferior care. Astoundingly, many of the current members of both boards have chosen not to recertify themselves although this is recommended by the very boards of which they are members.
Lifetime Certification
On November 30, 2009, James A. Stockman, III, M.D., president of the American Board of Pediatrics (a "Member Board" of the ABMS), admitted under oath at a North Carolina Medical Board hearing that 41% of ABMS boarded physicians are board certified for life. [2] Many leaders in the medical field found this statistic and Dr. Stockman's testimony to be a great surprise --- that 41% of ABMS board certified physicians (the "Gold Standard" in board certification), are not required to be re-certified every several years like its competitors (AOA and ABPS) require.
Association Between Maintenance of Certification Examination Scores and Quality of Care for Medicare Beneficiaries

Eric S. Holmboe, MD; Yun Wang, PhD; Thomas P. Meehan, MD, MPH; Janet P. Tate, MPH; Shih-Yieh Ho, PhD, MPH; Katie S. Starkey, MHA; Rebecca S. Lipner, PhD

Arch Intern Med. 2008;168(13):1396-1403

Assessing quality of care: knowledge matters.

Holmboe ES, Lipner R, Greiner A.

• Mortality was lower for patients with acute myocardial infarction cared for by certified physicians.[14]
• Certified cardiologists saved more lives than certified primary care doctors than doctors who are not board certified.[14]
• Certification in surgery was a significant predictor of lower mortality and complication rates for colorectal surgery.[15]
• Higher scores on the ABIM internal medicine Maintenance of Certification examination are associated with better performance on Medicare quality indicators for diabetes and mammography screening.[16]
• There is a positive association between the rate at which preventive care services were delivered for Medicare patients and certification status in internal medicine or family medicine.[17]
• Time since physician's last board certification correlates with decline in quality of care for patients being treated for high blood pressure.[18]
The Nuts & Bolts of MOC
Objectives

- How to complete your current MOC requirements
- What is “new” in the new version of MOC
- MOC: The reasons for the change
- Completing Part 2 and Part 4 requirements
- Part 3 of MOC - The Examination
- The ABP Web site and your ABP portfolio
Overview

• If you were certified or recertified from 2003 to 2009, these changes apply to you (ends 2016).
• MOC was based on a 7-year cycle.
• The requirements for Parts 1, 2, and 4 must be completed by the end date on your certificate.
• You do not need to sit for a Part 3 MOC examination by the end of your present cycle.
PART 2 Requirements

• Required to complete one Part 2 activity
• Any approved activity counts for any certificate
• Activities can be AAP, ABP, or from other sponsors
PART 4 Requirements

- Need to complete one Part 4 activity (practice assessment and improvement activity)
- May be Patient Safety
- Or participation in an approved collaborative improvement project
- Or a Web-based PIM on ABP Web site (eg, influenza immunization PIM)
- Or AAP product such as EQIPP PIM (eg, nutrition)
Keeping Track of Your MOC Requirements: My ABP Portfolio Log In

- Certification Matters
- Residency Redesign
- MOC Enrollment
- Important Information
- Maintenance of Certification
- Important New Policy - Time-Limited Eligibility for Initial Certification Examinations
- How To Apply For an Examination
- Recertification Information
- Program Directors
- Initial Certification Examinations
- Initial Subspecialty Certification Examinations
- Initial General Certification Examinations
- Initial Certification Exam Dates
- Initial Subspecialty Certification Exam Dates
- Initial General Certification Exam Dates
- Important New Policy - Time-Limited Eligibility for Initial Certification Examinations
- Resident Development Guidelines
- Understanding MOC
- A presentation for residents and fellows

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Keeping Track of Your MOC Requirements: Requirements Page

The American Board of Pediatrics

My ABP Portfolio Home

My Maintenance of Certification (MOC) Requirements

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric Hematology-Oncology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Check Current Progress | Certification History

|---------|-----------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------|-----------------------------|----------------------------|----------------------------|

To learn how you can meet current requirements in the area(s) listed below, please click here.

General Pediatrics

ABP Shortcuts

- Maintenance of Certification (MOC)
- Certification and Registration Information
- Apply for My Exams
- My Archive
- MOC Exam Dates & Fees
- Contact ABP

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## Keeping Track of Your MOC Requirements:

**Diplomate Progress Report**

### My ABP Portfolio Home

#### My Progress Report

<table>
<thead>
<tr>
<th>Pediatric Hematology-Oncology Certification Expiration Date</th>
<th>My Progress Report Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/31/2011</td>
<td></td>
</tr>
</tbody>
</table>

**Enroll in MOC** | Enroll and Pay Fees by 12/31/2011

### Lifelong Learning and Self-Assessment (Part 2)

- Pediatric Hematology-Oncology Self-assessment: Not Met

### Performance in Practice (Part 4)

- Patient Survey: Not Met
- Performance in Practice: Not Met

### Cognitive Expertise - Secure Exam (Part 3)

- 2004 Pediatric Hematology-Oncology Maintenance of Certification Examination: Completed 11/13/2004
  - More Details

### Professional Standing and Licensure (Part 1)

- Secure Examination License Verification: Completed 11/13/2004

---

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**The American Board of Pediatrics**
The New Version of MOC
As of January 1, 2010

- Cycle begins with certification awarded in 2010
- Overlaps with initial version for 6 years
- Now based on 5-year cycle of MOC
  (Part 2 and 4 requirements must be completed during 5-year cycle)
- Approved activities are assigned a point value
- Need to earn total of 100 points in 5 years
  Part 2: 40 points
  Part 4: 40 points
  Optional: 20 points
PART 2 Requirements

• Any approved Part 2 activities
• Any activity counts for any area of certification
• Need 40 points in 5 years (Generally 2)
• Search for activities at www.abp.org
PART 4 Requirements

• Any approved Part 4 activities
• Any approved activity counts toward any area of certification
• Search activities via the Activity Catalog at www.abp.org
• Need 40 points in 5 years
Keeping Track of Your MOC Requirements: Requirements Page

The American Board of Pediatrics

My ABP Portfolio Home

My Maintenance of Certification (MOC) Requirements

MOC Cycle
01/01/2010 - 12/31/2014

Cognitive Expertise
Part 3

Self-Assessment
Part 2

Performance in Practice
Part 4

Professional Standing
Part 1

Re-enroll in MOC

Pediatric Hematology-Oncology

Check Current Progress Certification History

Next Secure Exam Due in 2012

Earn 100 TOTAL Points 40/Part 2, 40/Part 4, 20 Elective Points in either by 12/31/2014

Approved Part 2 Activities

Approved Part 4 Activities

Patient Survey (required)

Submit Valid License by 2014

Enroll and Pay Fees in 2014

To learn how you can meet current requirements in the area(s) listed below, please click here

General Pediatrics

ABP Shortcuts

> Maintenance of Certification (MOC)
> Certification and Registration Information
> Apply for My Exams
> My Archive
> MOC Exam Dates & Fees
> Contact ABP

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Keeping Track of Your MOC Requirements:
Diplomate Progress Report

- Keeps track of points
- Displays reminders when certification is at risk
- Shows up-to-date address and email
- Diplomates are responsible for updating personal contact information in their portfolio
Catalog Search – Part 2
### Selected Search Criteria
- Activity Names: All
- Sponsors: American Academy of Pediatrics
- Specialties: All
- Topics: All
- Participations: All

### Current or Future Part 4 Activities
<table>
<thead>
<tr>
<th>Title</th>
<th>Topic</th>
<th>Specialty</th>
<th>Participation</th>
<th>MOC Point Value</th>
<th>CME</th>
<th>Eligibility</th>
<th>Credit Approval Period Begin</th>
<th>Credit Approval Period End</th>
<th>Sponsor</th>
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<tbody>
<tr>
<td>PRFIMFR EQPP ASTHMA 2009</td>
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<td></td>
<td>06/28/2009</td>
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<td>PRFIMFR ASPRMMD 2009 CYCLE 123</td>
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<td></td>
<td>08/04/2009</td>
<td>12/31/2013</td>
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</tbody>
</table>
### Activity Profile

**Sponsor(s):** American Board of Pediatrics  

**Title:** 2004 General Pediatrics Knowledge Self-Assessment  

**Description:** The ABP Knowledge Self-assessment consists of approximately 200 multiple-choice items reflecting the same content as the secure examination. The questions have been selected randomly from the same general content areas that will be included in the Part Three secure examination. If taken under similar conditions as the examination (i.e., closed-book and timed), the self-assessment should provide a good gauge of readiness to take the secure examination.

<table>
<thead>
<tr>
<th>Credit Approval Period Begin Date</th>
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<tbody>
<tr>
<td>Credit Approval Period End Date</td>
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</table>

**MOC Part:** 2  

**MOC Point Value:** 10  

**CME Available:** Contact Sponsor No  

### ABP Shortcuts

- Maintenance of Certification (MOC)  
- Certification and Registration Information  
- Apply for My Exams  
- My Archive  
- MOC Exam Dates & Fees  
- Contact ABP
Certificates Expiring in 2010

Maintain Certification

Diplomates
- About MOC
- Physician Requirements
- Professional Standards and Licensure (Part 1)
- Lifelong Learning
- Self-Assessment (Part 2)
- Cognitive
- Expertise - Review
- Exam (Part 3)
- Performance in Practice (Part 4)
- CME Certificates
- MOC AFA
- ePortfolio

External Organizations

Project Approval
- Part 2 Milestones
- Part 4 Professional Development Program
- Part 6 Web-based Activities

Improve First

IMPROVEMENT IN ACTION

Learn More

What’s New for MOC
- ACP-DO Performance Improvement Module CME now available for Part 4 MOC Credit
- Extension for MOC Enrollment for Non-Member Certificate Holders
- Approved Part 2 activities
- Approved Part 4 activities

FAQs

For Maintenance Of Certification

Quick Guides

For Maintaining Certification

View Frequently Asked Questions

Certificates Expiring in 2010

2010

2011

2012

2013

2014

2015

2016

Full requirements for current certification
- O.P. - One Decision Skills and one Knowledge Self-Assessment
- 0.5 Self-Assessment
- 1 Performance in Practice activity or project

Maintain License

Complete One Patient Survey

Accumulate 100 Points

Pass Exam

Re-Enroll

Timeframe

By Dec 15, 2010
- Enroll in MOC
- Submit license and pay fees
- Accurately 100 points:
  - Self-Assessment Activities: 40 points
  - Performance in Practice: 40 points
  - Elections: 20 points in either of above
  - Complete 1 patient survey

Jan 2011 - Dec 2015
- Pass secure exam (must be in 10 years)
- Related in a new 5-year MOC cycle
FAQs for 2010-2015 Expirees

Maintain Certification
- Diplomates
  - About MOC
  - Physician Requirements
  - Professional Standing and License (Part 1)
  - Lifelong Learning Self-Assessment (Part 2)
  - Cognitive Properties - Secure Exam (Part 3)
  - Performance in Practice (Part 4)
  - MOC Certification
  - MOC & Pay for Performance

External Organizations
- Project Approval
  - Part 2 Activities
  - Part 4 Establishment of Projects
  - Part 4 Web-based Activities

Improve First
- IMPROVEMENT IN ACTION

What do I have to take an exam?

The American Board of Pediatrics (ABP) has moved to a 10-year exam cycle. Your examination requirements are extended by 3 years if you currently are in a seven-year exam cycle.

Is there an extension to my certification?

No. In order to remain certified you must enroll in Maintenance of Certification (MOC) the year your current certificate expires.

Will you remind me when I need to sign up for my exam?

Yes, we will send communication via U.S. mail, email, and through your ABP Portfolio.
MOC and you: v1.2 new diplomates 2010

General Pediatrician Initially Certifying In 2010

- Begin 5 year cycle

<table>
<thead>
<tr>
<th>Year</th>
<th>Events</th>
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</thead>
<tbody>
<tr>
<td>2010</td>
<td>Initial GP exam</td>
</tr>
<tr>
<td>2011</td>
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<tr>
<td>2015</td>
<td>GP exam</td>
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<tr>
<td>2016</td>
<td>Register &amp; pay fee every 5 years</td>
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<tr>
<td>2017</td>
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<td>2018</td>
<td>SS exam</td>
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<td>2023</td>
<td>SS exam</td>
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Maintain unrestricted medical license
“Public demand is the only true stimulus for tradesmen and professional men (women) alike.”

Charles Mayo
Questions?