Fun fact: I may be your first president who does not have a lifelong ABR certificate. I completed my radiation oncology training and initial certification in 1996, the year after time-limited certificates were first implemented in my discipline. Yet, despite having this new certification process bestowed upon me, I have embraced it, and I truly believe that Maintenance of Certification (MOC) matters.

Spring was pretty busy. I spent the entirety of April in the Tennessee statehouse, waiting patiently to provide a few words of education on the value of MOC to the house and senate members. They were attempting to pass an amendment to a bill that would have nullified the participation of Tennessee physicians in initial certification and the MOC program, and would have established that the standard hospitals could use to hire and credential physicians would be solely based on the CME hours required to maintain a Tennessee license.

As an ABR board-certified diplomate, I can attest that CME alone is insufficient for demonstrating competence. The technology and multidisciplinary evidenced-based knowledge in radiation oncology has dramatically changed since I was initially board certified. Following residency, I drew a two-dimensional picture of someone’s cancer and their normal surrounding organs with colored crayons and a protractor on a bony radiograph, and then I designed a high-dose radiation treatment. Now, I am using advanced four-dimensional images and computer-rich technology to perform the same work. The passive nature of standard CME activities alone does not provide me with the rigor and constant assessment I need to master these new radiation delivery techniques and practices.

In my conversations with many Tennessee house representatives, I was amazed to discover the misinformation and general lack of understanding concerning MOC. One senator (a surgeon) noted that he had to pay $12,000 a year to participate in MOC. Interestingly, when I checked the American Board of Medical Specialties (ABMS) public website, he was not even listed as participating in MOC – not a surprise. There were also misconceptions that the Boards are just money-making corporate machines. Well, let me assure you that the ABR is a non-profit organization and has not made a profit on
creating/delivering the initial certification and MOC exams in years – we survive on our reserves.

I realize that there will always be physician concerns about MOC’s relevance to clinical practice, as well as its time and financial commitment. Recently, I was providing an MOC update at the ACR meeting, and when it came time for audience questions, one radiologist shouted, “Did you ever ask me if I was in favor of MOC and wanted to participate? Where are the data to show that MOC works?” While it was ABMS that started this program more than a decade ago, the rationale was to maintain self-regulation before the public and payers became involved. Through an extensive and inclusive collaboration with physicians on the 24 ABMS member boards and other stakeholders (such as the patients we serve), standards for MOC were created. The standards provide a framework to ensure that the values of lifelong learning, professionalism, patient safety, and practice improvement are translated into day-to-day physician practices. And data supporting the value of MOC are finally emerging. Participating physicians have been shown to practice safer, higher quality medicine, and they tend to have fewer disciplinary actions by state medical licensing boards.

At the ABR, we listen to our diplomates’ MOC suggestions on our many surveys, and we continuously make refinements to the process so that MOC is relevant to a physician’s unique practice, more cost effective, and more convenient. Some of these recent enhancements include:

- more online enduring free materials (i.e., journal-based) for practice-focused self-assessment;
- expansion of quality improvement options to include numerous common clinical activities that diplomates perform in their practices (i.e., serving on the quality improvement committee); and
- moving to an Online Longitudinal Assessment (ABR-OLA), which will allow ABR diplomates to tailor and target learning opportunities and evaluation relevant to individual practice profiles and will eliminate the need for a formal examination at a test center every 10 years.

However, it is also important to consider that the value of MOC participation is proportional to the rigor of the process. The opportunity we have as ABR diplomates to be a self-regulating profession is otherwise at risk. While ABR-OLA will be developed to assess “walking-around knowledge,” it must also be appropriately rigorous so we may continue to be recognized as specialists who participate in MOC to our colleagues, the public, and, most importantly, ourselves. I take pride in my participation in ABR MOC. I truly believe that it challenges me to stay current with the rapid advances in my field and has helped shape my career as a physician and as your president.