



Frequently Asked Questions (FAQ) About RO

General:

■1. What are the values of both initial certification and maintenance of certification (MOC) in radiation oncology?

Both initial certification and MOC:

- demonstrate to the public, your peers, and colleagues that you have documented a knowledge base in the science and art of radiation oncology appropriate to the practice of the specialty
- indicate a degree of professionalism appropriate to the practice of medicine
- are integral parts of the quality movement in health care
- are valued by patients and physician colleagues
- are essentially self-regulation by the profession to improve quality of care, and can be both synergistic with and leading other organizations dealing with quality care

MOC:

- builds on the validity of the initial certification process
- documents continuous quality improvement, continuous professional development and quality patient care
- embraces adult learning principles of accumulated life experience, self-direction, goal-orientation, achievability, and respect for diplomates' achievements, using intrinsic and extrinsic motivations and active participation
- most importantly, is the right thing to do

■2. Is the ABR the only board with an MOC process?

No. All 24 medical specialty boards have responded to the direction of the American Board of Medical Specialties (ABMS) to (1) issue time-limited certificates (6- to 10-year cycles) and (2) develop MOC programs relevant to the specialty with specific requirements to maintain the diplomate' Board certification.

■3. Have other professional societies been involved in MOC?

Yes. The American Board of Medical Specialties (ABMS) and the Council of Medical Specialty Societies have been working together for several years on the concept of MOC. The American Board of Medical Specialties and its member boards have supported and endorsed the principles of MOC. The ABMS and its 24 boards (including ABR) have responsibility for program design and development.

The ABR has responsibility for managing MOC for Radiation Oncology. For the last six years, the ABR has been working to develop specialty-relevant MOC with our sponsoring societies (including ASTRO, the American College of Radiology, the American Radium Society, and RSNA) as well as with the Council of Medical Specialty Societies. We have had numerous meetings and conferences with educational and professional organizations that have included a wide range of discussions on MOC.

Our professional societies are major sponsors of lifelong learning through Accreditation Council for Continuing Medical Education Category 1 CME programs. The societies are the primary sources for the rapidly enlarging number of ABR-qualified self-assessment modules (SAMs). We anticipate the societies will also provide a substantial proportion of practice performance assessment modules, a component of MOC that is under development. ABR trustees have made several presentations to professional and educational societies and their membership; trustees are available for further presentations and discussions related to the ABR-MOC program.

■4. What does MOC do?

MOC embraces the essential competencies involved in delivery of quality care, extending beyond medical knowledge. MOC must be initiated and maintained for radiation oncologists throughout our professional careers. It is designed to continuously evaluate the six essential competencies through the four components:

The Six Competencies

1. Medical knowledge
2. Patient care
3. Interpersonal and communication skills
4. Professionalism
5. Practice-based learning and improvement
6. Systems-based practice

The Four Components

1. Evidence of professional standing
2. Evidence of lifelong learning and periodic self-assessment
3. Evidence of cognitive expertise
4. Evidence of satisfactory performance in practice

■5. How were the six competencies chosen?

A task force of the American Board of Medical Specialties (ABMS) and the Accreditation Council for Continuing Medical Education (ACCME) developed generic principles relevant to all medical

specialties. All 24 ABMS member boards have accepted and endorsed this model. The ABR has developed specialty-specific (diagnostic radiology, radiation oncology, and radiologic physics) definitions of the six competencies and outlined requirements for MOC, based upon the four components.

■6. What are the four components?

1. Professional Standing

This part requires valid, unrestricted licensure to practice medicine in all states in which the diplomate holds active license.

2. Lifelong Learning and Periodic Self-assessment

(a) Lifelong Learning - A minimum of 200 ACGME-approved Category 1 CME credits are required over a 10-year cycle. Of the 200 hours, 80 percent must be related to radiation therapy or oncology.

(b) Self-Assessment - Self-Assessment can be accomplished through a series of eight self-assessment modules (SAMs) over the 10-year cycle. SAMs include a CME-credited educational event (each approximately equivalent to an ASTRO refresher course in the amount of material) and related self-assessment components (including a post-event test and feedback to the diplomate re performance in relation to other radiation oncologists).

3. Cognitive Expertise

The MOC exam is a proctored, secure, computer-based examination. The examination is given twice a year and is based upon general, practical knowledge in radiation oncology. These exams are currently administered through Pearson VUE testing centers. [A study guide is available here.](#)

4. Practice Performance Improvement

Practice Quality Improvement (PQI) reflects evidence-based practice guidelines and focuses on practice improvement for the diplomate. Specific programs include Type 1 and Type 2 projects. Type 1 projects are individually identified, confirmed by attestation, and include the following four elements: relevance to patient, relevance to diplomate's practice, identifiable metrics and/or measurable endpoints, an action plan to address areas for improvement and subsequent remeasurement to assess progress and/or improvement. Type 2 projects are developed and managed by professional societies and qualified by ABR.

■7. How were the four components chosen?

They were developed by the American Board of Medical Specialties after many years of consideration. Several ABMS task forces and committees have worked on the MOC six core competencies and four components. The ABR has interpreted the AMBS guidelines in developing the component requirements in a manner relevant to radiation oncology.

■8. Has the ABR been out front in the time-limited certificate MOC process?

The ABR was relatively "out front" in initiating time-limited certificates in radiation oncology in 1995. The Board has been relatively "conservative" in developing and implementing maintenance of certification (MOC). The recertification exam, for example, was only recently transitioned to the

MOC cognitive exam (2003). After lengthy consideration since 1994, the ABR has developed a relevant and practical MOC program based upon the merits of lifelong learning, self-assessment, practice improvement, and continuous professional development.

■9. How do I enroll in the ABR-MOC program?

First, we encourage all diplomates of the ABR (including those with lifelong certificates) to complete an online registration from the ABR website (www.theabr.org) or print and complete a hard copy registration (available on the website) and sent it to the ABR office via facsimile or mail:

The American Board of Radiology
5441 East Williams Blvd., Suite 200
Tucson , AZ 85711
Phone: 520-790-2900
Fax : 520-790-3200

■10. When were time-limited certificates first issued?

Time-limit certificates were first issued as follows:

CERTIFICATE	YEAR
Pediatric Radiology	1994
Vascular and Interventional Radiology	1994
Radiation Oncology	1995
Neuroradiology	1995
Nuclear Radiology	1999
Diagnostic Radiology	2002
Radiologic Physics	2002

■11. When do time-limited certificates expire?

Certificates are valid for 10 years, expiring on December 31 of the 10th year.

■12. When did the MOC clock start ticking for time-limited certificate holders?

The day they became certified. However, since the major elements of the ABR's MOC program were not approved until 2004, the diplomates in the current transition period (including those whose initial certificates were issued between 1995 and 2004) are required to meet only prorated MOC requirements. [See specific information here](#)

■13. If I hold a time-limited certificate in radiation oncology, what do I need to do to comply with the MOC program?

Diplomates with certificates expiring in 2007 and beyond are automatically enrolled in MOC and should be completing the MOC requirements. [See specific information here](#)

■14. I am a practicing radiation oncologist and still remember the stress of my initial board examinations. I am concerned about the MOC program being similar.

The initial exams (computer-based and oral) reflect the knowledge and skills/relevant to specialty practice and are, by design, all-encompassing. The MOC process is designed to be practical, relevant to clinical practice, continuous, and practice-based. The tools of CME, self-assessment modules (SAMS) and practice performance improvement are all based on continuous quality improvement. These provide the diplomate the opportunity to develop a personal educational and improvement plan.

■15. Twenty CME credits per year are part of the MOC program. How do I comply with this criterion?

CME activities should reflect your practice, local needs assessment, SAMS, and your educational plan. The required CME is the equivalent of 20 hours of Category 1 credit per year (on average) with 80 percent related to radiation therapy or oncology. These CME Category 1 credits are provided by our professional societies and other approved educational organizations and institutions.

Several of the major radiation oncology-related professional organizations (e.g., ASTRO, ACR, RSNA) already have web-based repositories to document CME credit. The ABR is developing links to acquire such validated data. In the interim it is important for the diplomate to maintain a file of his/her activities or to establish an "account" with an online repository that will accommodate his/her needs based upon educational activities and venues.

■16. I am a practicing radiation oncologist and still remember the stress of my initial board examinations. I am concerned about the MOC program being similar.

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■17. I have heard that a lot of MOC is self-directed.

Yes it is, because ABR supports the adult learning principles, especially the concept of self-direction, so that diplomates can best plan their continuous professional development programs around their needs. Each diplomate takes the initiative to: 1) determine personal educational needs; 2) develop learning goals; 3) identify learning/educational resources; 4) select and implement learning strategies; and 5) evaluate outcomes from this process. ABR encourages formal and informal educational activities in the diplomate's achievement of these goals.

■18. I understand the CME materials. What is involved in SAMS?

[Self-assessment modules \(SAMS\)](#) are educational activities that utilize instruction and self-administered examination to improve skills, knowledge, patient care, and/or practice performance. (By definition for ABR-MOC, we roughly equate a SAM-related educational event to one ASTRO-type refresher course.)

The sponsoring body provides feedback to the participant in confirming scoring, indicating where the participant stands in relation to his/her peers in test performance, and when appropriate, where

additional educational materials are located relative to the overall body of information, or specifically, to those areas not answered correctly by the diplomate. The diplomate receives CME credit for attending the educational session. Credit for the SAM is accorded only when the participant passes the test.

■19. What is the fee structure for MOC?

The ABR is a nonprofit organization and to sustain the mission of the Board, revenue has to balance expenses. The board has done analyses in the past for initial certification on a cost-per-candidate basis and has used a similar process for the MOC fees determination. The ABR has set a fee structure that prorates the cost based upon a formula that includes MOC enrollment, the cognitive exam, and the amount of CME and SAM required. Aggregate charges range from \$1400 for the exam alone (diplomates with certificates expiring in 2005 or 2006) to \$2600 (diplomates with certificates expiring in 2014) to \$2800 (diplomates enrolling in MOC after 2004). [See more information on timelines and fees](#)

■20. Who is eligible for the ABR-MOC program?

ABR diplomates in good standing.

■21. What should our professional societies do?

The professional societies should:

- support the ABR-MOC program
- help distribute MOC information to members to keep them informed
- offer educational opportunities approved for Category 1 ACCME credit and develop the added methodologies required for SAMs
- consider providing templates for Type 1 PQI projects and where possible, develop and manage Type 2 PQI projects
- provide a computer-based repository to validate CME and SAM participation
- work toward linking your organization's repository with the ABR or, if appropriate, consider linking with the CME Gateway project started by the Radiological Society of North America and the American College of Radiology

■22. What happens to a time-limited certificate if all MOC requirements are not satisfied during the 10-year cycle?

The certificate is withdrawn, and the diplomate is no longer listed by the American Board of Medical Specialties as certified. The diplomate may regain specialty certification by completing all aspects of MOC within two years of the certificate's expiration; beyond that interval, the former diplomate will need to repeat the initial certification process. If reinstated, the time-limited certificate will be valid for 10 years from the date the prior certificate expired.

■23. If I have a restriction applied to my medical license, what must I do?

You must notify the ABR immediately and provide details about the restriction (i.e., whether it is medical or administrative). The ABR will evaluate the data and respond. If the restriction is for

significant medical reasons, certification will be withdrawn. Diplomates have the affirmative obligation to notify the ABR of any and all restrictions placed on any of their medical licenses, and provide the ABR with complete information concerning such restrictions within 60 days after their imposition. If the restrictions are administrative, the certificate will stand.

■24. Does certification or MOC assure competence?

No, but lifelong learning, self-assessment and maintenance of certification are reflections of a physician's professional determination and commitment to quality patient care.

■25. The Institute of Medicine has expressed concerns about quality of healthcare. What are their quality indicators?

The six Institute of Medicine quality indicators state that healthcare should be:

1. Safe
2. Timely
3. Effective
4. Efficient
5. Patient-centered
6. Equitable

■26. Could state medical licensing boards or other entities that issue practice privileges begin requiring recertification, even for lifetime certificate holders?

States, hospitals, payers, and health organizations are independent. They make decisions on these matters based on their own interests and constituency. The ABMS has no control over them. We will keep our commitment to honor lifetime certificates while supporting the concept of MOC.

■27. Why is the ABR involved in MOC?

In 1934, the purposes of the ABR were stated as follows:

1. encouraging the study and promoting and regulating the practice of radiation oncology (which was defined as "that branch of knowledge which deals with the diagnostic and therapeutic application of radiant energy including roentgen rays and radium").
2. determining the competence of specialists in radiation oncology
3. arranging, controlling, and conducting investigations and examinations to test the qualifications of voluntary candidates for certificates issued by the Corporation
4. granting and issuing certificates in the field of radiation oncology to such applicants
5. serving the public, physicians, hospitals, and medical schools by preparing and furnishing lists of certified practitioners
6. protecting the public against irresponsible and unqualified practitioners who profess to be specialists in radiation oncology

These are still components of the ABR mission for initial certification and MOC. In the recent past, patient advocates and others have demanded more quality assurance and evidence of practice performance. If we do not regulate ourselves, other agencies might step in and do it themselves. As

specialists with a public charter and primary concern for patient care and improvement, the boards are best suited to the task. Also, it is the right thing to do.

■28. How many opportunities will I have to pass the computer-based examination portion MOC?

Individuals participating in the Maintenance of Certification program will have met the requirements for initial certification. They will have also had practice experience. In this regard, the anticipated failure rate should be low. However, if necessary, the diplomate can take the cognitive expertise examination multiple times over the last three years of the ten-year MOC process.

■29. Will the exam facility accommodate an individual who has a physical disability that makes sitting for several hours difficult?

The Americans with Disabilities Act requires that all testing organizations have policies dealing with candidates who have disabilities.

■30. With all the ABMS boards becoming further involved in the quality assessment of physicians, won't this be another level of needless bureaucracy?

It is the profession itself that has been slow to respond to outside concerns related to quality performance measures, thus allowing other organizations to consider requiring physicians to meet their standards. If the profession does not accept its responsibility and provide the requisite public assurances, it will surely encourage others to continue to involve themselves. It is the intent of the boards, working together with societies and organizations, to provide methodologies to eliminate the need for these outside influences.

■31. It seems unfair that only the time-limited certificate holders must participate in MOC to maintain their certification, and that decisions about MOC are being made by individuals at the ABMS and ABR who are themselves lifetime certificate holders who do not need to participate in MOC.

It is true that diplomates who have lifetime certificates are not required to recertify. Lifetime certificates were awarded legally and in good faith. It is not possible, nor appropriate, to change the recertification status of such diplomates. However, lifetime certificate holders are strongly encouraged to enter the ABR-MOC Program. For individuals who do so, their lifetime certificates will remain in effect, no matter what the outcome of the MOC process.

All ABR board members and trustees are required to participate fully in the 10-year MOC process.

■32. I am a physician in an administrative position and my direct patient care activity is very limited or none at all. Does this exclude me from the MOC process?

It is recognized that a medical administrator, dean, or practitioner who has limited patient care activity or is taking a hiatus from practice will have special circumstances. The ABMS and the ABR have resolved to formulate tracks to meet the various career paths. SAMs, lifelong learning, and practice performance will be reflected in that person's computer-based examination. Therefore, there is great benefit for a diplomate in this circumstance to participate in the MOC process.

Lifetime Certificate Holders:

■1. As a lifetime certificate diplomate, why should I participate in MOC?

Both certification and MOC:

- demonstrate to the public, your peers, and colleagues support for continuous quality improvement, continuous professional development and quality patient care
- is an integral part of the quality movement in healthcare
- is valued by patients and physicians
- builds on the validity of the initial certification process
- is essentially self-regulation by the profession to improve quality of care, and can be synergistic with other organizations dealing with quality care
- embraces the adult learning principles of accumulated life experiences, self-direction, goal-orientation, practicality, and respect for diplomates' achievements
- and most importantly, is the right thing to do

■2. Since I passed the initial board examinations in radiation oncology prior to 1995 and have a lifetime certificate, must I participate in the MOC process?

No. Your lifetime certificate remains valid. However, you are strongly encouraged to participate in the MOC process to demonstrate your commitment to lifelong learning, and to document achievements in your continuing professional development. In addition, certain state, payers, or healthcare organization already require recertification within the last 10 years (i.e., the 10-year rule). The ABR will always support the lifetime certificate; but the states, payers and those who grant clinical privileges are independent.

■3. Is a general cognitive examination necessary and appropriate if I am a subspecialized radiation oncologist in academic or community practice?

The Board feels that there are certain basic elements of radiation oncology that are meaningful and appropriate for most of those practicing, even in subspecialty positions. The computer-based examination covers all aspects of the field in a rather basic, general manner. CME and SAM credits may be in any area of radiation therapy or oncology or related to other aspects of medicine.

■4. As a lifetime certificate holder who wants to participate in MOC, what could I do?

You can:

- Enroll in MOC through the ABR. Print and complete the [enrollment form](#) and send it to:
The American Board of Radiology
5441 East Williams Blvd., Suite 200
Tucson, AZ 85711
Fax: 520-790-3200
- Frequently check the ABR website for MOC information, [available SAMs](#), etc.
- Keep your contact information (mailing, phone number, email address) up to date. Fax or mail as above, or e-mail to [the ABR's MOC division](#).

■5. I am a lifetime certificate holder who wants to participate in MOC. When does my MOC cycle begin?

It begins the year you enroll in MOC.

■6. I am a lifetime certificate holder. Do I need to participate in MOC to maintain my certification?

No, but hopefully you will! Participation is the opportunity to demonstrate and document your continuing professional development.

■7. I am a lifetime certificate holder who is more than 10 years past my original certification date. I need to recertify because it is required by the state to which I want to move. What can I do?

The ABR currently requires you to enroll in the ABR-MOC program in order to take an examination. After submitting the [enrollment form](#) for MOC, you may register for the current Maintenance of Certification exam in Radiation Oncology, and will be permitted to take the examination in the first year of your cycle due to your specific need. You will complete the rest of your ten-year MOC cycle in the normal fashion. It is hoped that this process will satisfy your requirements and at the same time provide documentation of your clinical practice abilities.

■8. I am a lifetime certificate holder. If I enroll but do not complete the MOC program, does it affect my lifetime certification?

No, your lifetime certificate is permanent. Permanent certificate holders may voluntarily participate without jeopardy to their lifetime certificates.

■9. I am a lifetime certificate holder. If I successfully complete the MOC program, what happens?

Your lifetime certificate is not affected, but you will be issued an additional 10-year, time-limited certificate and thus qualify as having maintained your certificate in Radiation Oncology.

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New Time-Limited Certificate Holders:

■1. As a new time-limited certificate holder when do I enter the MOC process?

You are automatically enrolled in the program. You should start participation in the MOC program immediately. Please check the [requirements](#) and [timelines](#) for more information.

■2. As a time-limited certificate holder, what do I have to do for MOC?

- Enroll in MOC through the ABR. Print and complete the [enrollment form](#) and send it to:
The American Board of Radiology
5441 East Williams Blvd., Suite 200
Tucson , AZ 85711
Fax: 520-790-3200
- Frequently check the ABR website for updated MOC information

- Keep your contact information current. Fax or mail as above, or e-mail to [the ABR's MOC division](#).