

PROMOTING THE HIGHEST STANDARDS FOR  
MEDICAL LICENSURE AND PRACTICE



Protecting  
Advocating  
Serving

Protecting  
Advocating  
Serving

## Maintenance of Licensure: An Overview

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Past Chair, FSMB Board of Directors  
Special Advisor for MOL

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## Who Are We?

- We represent all 70 state medical & osteopathic boards in the U.S. and its territories
- Non-profit association, founded in 1912
- Located in Euless, Texas and in Washington, D.C.
- 183 full-time employees
- USMLE (United States Medical Licensing Exam)
- FCVS (Federation Credentialing Verification Service)
- *Journal of Medical Regulation*, since 1915

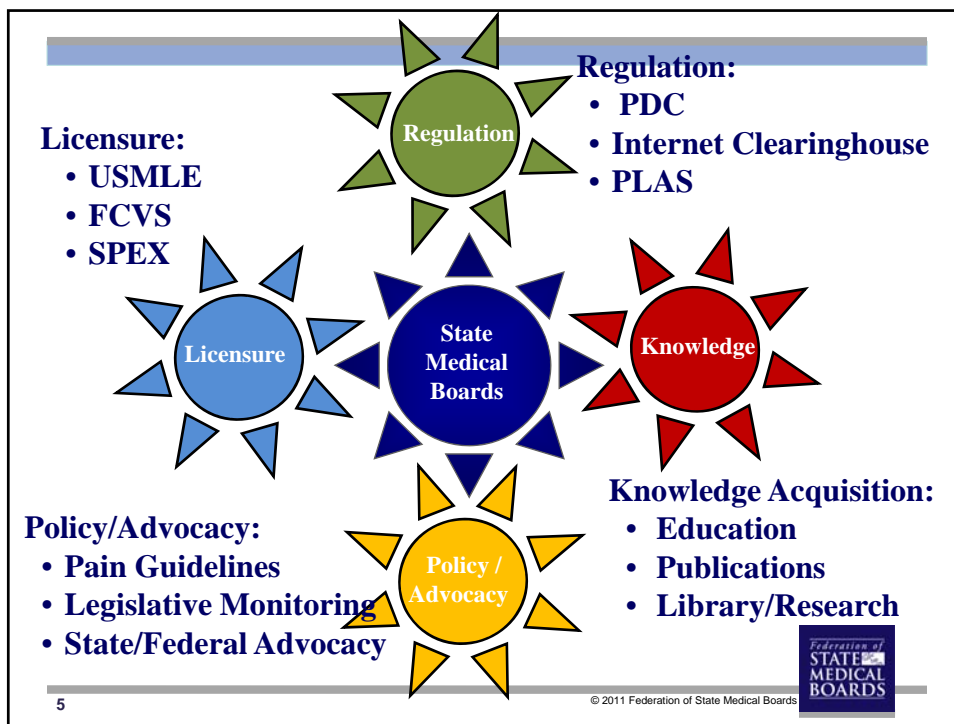


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## FSMB Mission

**FSMB leads by promoting excellence in medical practice, licensure, and regulation as the national resource and voice on behalf of state medical boards in their protection of the public.**





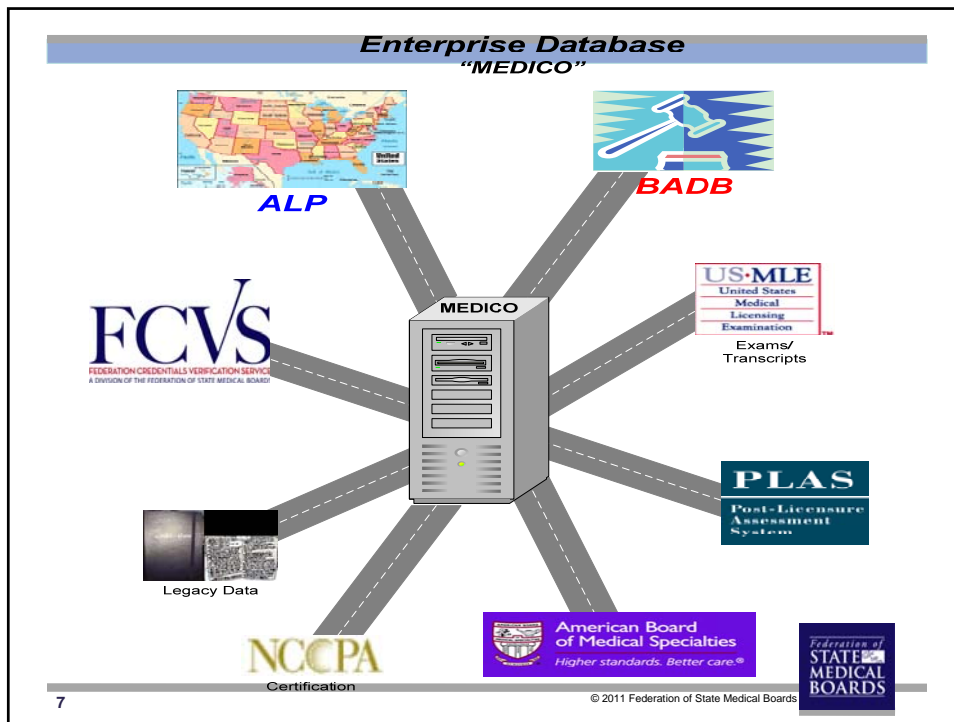
## FSMB Data Base ('Medico')

- More than 1.6 million records in the database
- Board actions dating back to 1960's
  - More than 50,000 physicians with board action
- Physician licensure files from state medical boards since 2000 (All-Licensed Physicians or ALP)
- Examination scores dating to 1968 (USMLE, FLEX, SPEX)

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## Informational & Data Elements in Medico

- **Physician biographics**
  - Name, DOB, SSN, medical school, year of graduation
- **Examination history**
  - USMLE, FLEX, SPEX
- **Licensure status**
- **Residency training (through FCVS)**
- **ABMS specialty certification**
- **?Future – physician demographics**
  - MOL reporting/data

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## FSMB as Collaborative Partner

- **Contractual relationships exchanging data**
  - National Board of Medical Examiners (NBME)
  - Educational Commission for Foreign Medical Graduates (ECFMG)
  - American Board of Medical Specialties (ABMS)
  - Centers for Disease Control (CDC)
- **Assistance and/or collaboration**
  - ACCME, ACGME
  - NCFMEA
  - Independent researchers and projects



## State Medical and Osteopathic Boards

- **Public protection mandate and trust**
- **Assurance that physicians are maintaining their competency**
- **Meeting public expectations/perceptions**
- **Paradigm shift: reactive to proactive**



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## FSMB House of Delegates 2004 Policy Statement

**“ State Medical Boards have a  
responsibility to the public to  
ensure the ongoing competence  
of physicians seeking relicensure.”  
*(license renewal)***



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## What is Maintenance of Licensure (MOL)?

- **Process by which a licensed physician provides, as a condition of license renewal, evidence of participation in a program of lifelong learning and continuous professional development that**
  - **Is practice-relevant**
  - **Is informed by objective data sources**
  - **Includes activities aimed at improving performance in practice over time**



## Overall Goal of MOL

When fully implemented nationwide, MOL will encourage and support a culture of continuous quality improvement and lifelong learning by all licensed physicians resulting in the improvement of patient care and physician practices.



## MOL Guiding Principles

(adopted 2008; modified 2010)

- Support commitment to lifelong learning, facilitate improvement in physician practice
- SMBs should establish MOL requirements; should be administratively feasible, developed in collaboration with other stakeholders
- Not compromise patient care or create barriers to physician practice
- Flexible infrastructure with variety of options for meeting requirements
- Balance transparency with privacy protection



## Impacts on Physicians

- **Another regulatory burden**
- **Cohorts not certified/grandfathered**
- **Cost**
- **High stakes exams**
- **Work force, access, portability**
- **Confidentiality/transparency**



## State Medical Boards' Concerns

- **Lack statutory/regulatory authority to implement requirements**
- **Fiscal impact (to boards and physicians)**
- **Potential negative impact on workforce and access to care**
- **Opposition by profession**
- **Lack of existing infrastructure and education/ remediation resources**





## State Medical Boards' Concerns

- Confidentiality/Discoverable
- Consistent
- Menu of Options



## Other Organization's Concerns

- Lack of existing remedial training programs
- Ability to comply with requirements
- Lack of evidence of an existing problem
- Lack of scientific, evidence-based data on effectiveness or impact on patient care
- Is duplicative of other methods (specialty certification/MOC/CME)



## Advisory Group on the Continued Competence of Licensed Physicians (2009)

<b>FSMB</b>	<b>ECFMG</b>
<b>SMBs</b>	<b>PUBLIC</b>
<b>AMA</b>	<b>AOA</b>
<b>NBME</b>	<b>NBOME</b>
<b>ABMS</b>	<b>AOA BOS</b>

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## Advisory Group: MOL Framework

- **Provide evidence of participation in a program of professional development and lifelong learning based on the 6 general competencies**
- **3 main components:**
  - **Reflective self-assessment**
  - **Assessment of knowledge and skills**
  - **Performance in practice**
- **Goals, strategies and options/examples for each of the 3 main components**

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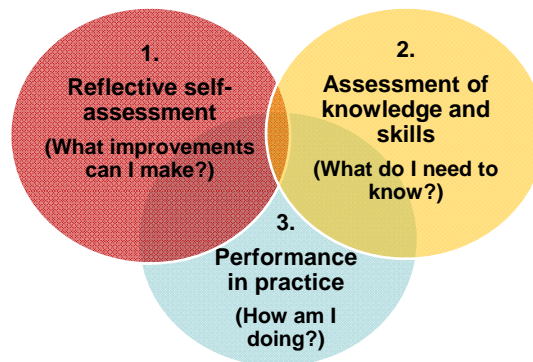
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## Advisory Group: Additional Requirements

- Provide documented evidence of compliance
- Non-clinically active physicians with active licenses should comply
- Physicians with inactive licenses must meet MOL requirements upon reentering active practice
- SMBs should collect practice profile data on all licensees
- Practice performance data should not be reported to SMB – third party attestation of use of data sufficient

## Advisory Group: MOL Framework

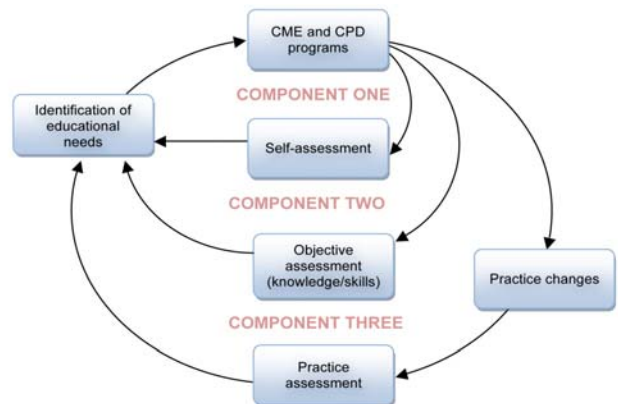
3 major components of effective lifelong learning



## Advisory Group: MOL Framework

COMPONENT	STRATEGY (HOW)	OPTIONS/EXAMPLES
1. Reflective self-assessment	<ul style="list-style-type: none"> <li>External measures of knowledge, skills, performance</li> </ul>	<ul style="list-style-type: none"> <li>Self-review tests                             <ul style="list-style-type: none"> <li>-MOC/OCC</li> <li>-Home study</li> <li>-Web-based</li> <li>-Medical society</li> </ul> </li> <li>Others approved                             <ul style="list-style-type: none"> <li>-Review of literature</li> <li>-CME</li> </ul> </li> </ul>
2. Assessment of knowledge and skills	<ul style="list-style-type: none"> <li>Structured, valid, practice relevant</li> <li>Produce data to identify learning opportunities</li> </ul>	<ul style="list-style-type: none"> <li>Practice-relevant MCQ exams (e.g., MOC/OCC)</li> <li>Standardized patients</li> <li>Computer-based case simulations</li> <li>Patient and peer surveys</li> <li>Performance improvement CME &amp; projects (SCIP, AMI, IHI, HEDIS)</li> <li>Procedural hospital privileging</li> <li>Others approved by SMBs</li> </ul>
3. Performance in practice	<ul style="list-style-type: none"> <li>Incorporates data to assess performance in practice and guide improvement</li> </ul>	<ul style="list-style-type: none"> <li>360° evaluation</li> <li>Patient reviews</li> <li>Analysis of practice data</li> <li>AOA CAP</li> <li>ABMS MOC IV</li> <li>CMS measures</li> <li>Other performance projects</li> </ul>

## MOL Framework



## FSMB House of Delegates 2010 Actions

- **Adopted as policy the MOL framework and recommendations as proposed by the Advisory Group on Continued Competence of Licensed Physicians**
- **Directed FSMB to continue pursuing the following:**
  - **MOL Implementation Workgroup**
    - **Create template proposal**
    - **Identify challenges/propose solutions**
  - **Research into the need for an MOL program and impact of MOL on patient care and physician practice**
  - **Pilot projects**



## CEO Advisory Council

<b>Accreditation Council for Continuing Medical Education</b>	American Osteopathic Association Bureau of Osteopathic Specialists
Accreditation Council for Graduate Medical Education	Association of American Medical Colleges
Administrators in Medicine	Citizen Advocacy Center
American Association of Colleges of Osteopathic Medicine	Council of Medical Specialty Societies
American Board of Medical Specialties	Educational Commission for Foreign Medical Graduates
American Medical Association	National Board of Medical Examiners
American Osteopathic Association	National Board of Osteopathic Medical Examiners

## MOL Implementation Group ("Start-Up Plan")

- **State Medical Board establishes MOL requirements and process**
  - FSMB provides template, support, services
- **Menu of options available**
  - Dual purpose (MOC/OCC, CME, QI programs, etc.)
  - Exam option

## MOL Implementation Group ("Start-Up Plan")

- **Physicians submit attestations of compliance, not performance data**
- **All licensees involved**
- **Collaboration with other stakeholders**
  - Develop tools/resources
  - Outcome analysis on physician performance and patient care
  - Research
- **System evolves**

## Board Certification in Context of MOL

- MOC/OCC fulfills all three components of MOL
- MOL as subset of requirements for license renewal
- MOL mandatory
- MOL must address a more heterogeneous physician population
- Medical licensure is a threshold event (minimum standard) to engage in practice of medicine
- Board certification demonstrates attainment and commitment to expertise in a specific field of medicine

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## Challenges

- Impacts all licensed physicians in U.S.
  - Communication/ outreach
- Relies on SMB authority to implement; financial/support resources
- Consistency across state jurisdictions
- Periodicity
- Board certification
- Non-board certified, non-clinically active, actual clinical practice, re-entry
- Data collection/analysis
- Workforce considerations
- Remediation programs
- Align/research/improve/evolve

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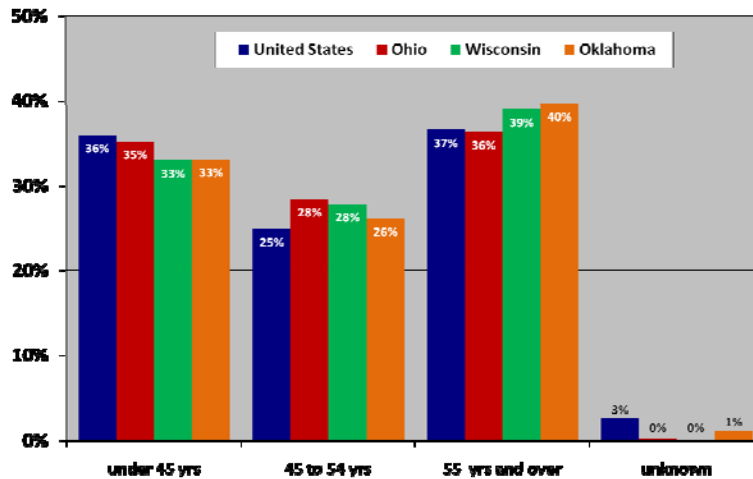
## ABMS and AOA BOS for the United States, Ohio, Wisconsin and Oklahoma Physicians with an Active License

	United States		Ohio		Wisconsin		Oklahoma	
	Counts	Percent	Counts	Percent	Counts	Percent	Counts	Percent
<b>Physician with Active Licenses (MDs and DOs)</b>	<b>850,087</b>		<b>40,970</b>		<b>23,281</b>		<b>12,011</b>	
Physicians w/ active license and active ABMS cert	635,015	75%	31,165	76%	18,877	81%	7,786	65%
Physicians w/ active license and 1 active ABMS cert	437,795	52%	22,171	54%	14,004	60%	5,830	49%
Physicians w/ active license and 2 active ABMS certs	158,966	19%	7,502	18%	4,068	17%	1,642	14%
Physicians w/ active license and 3 active ABMS certs	34,003	4%	1,362	3%	713	3%	281	2%
Physicians w/ active license and 4 or more active ABMS certs	4,250	0.5%	130	0.3%	92	0.4%	33	0.3%
<b>MDs with active licenses</b>	<b>789,790</b>	<b>93%</b>	<b>36,141</b>	<b>88%</b>	<b>21,965</b>	<b>94%</b>	<b>9,721</b>	<b>81%</b>
MDs w/ active licenses and ABMS cert	610,508	77%	29,689	82%	18,215	83%	7,330	75%
<b>DOs with active licenses</b>	<b>58,329</b>	<b>7%</b>	<b>4,829</b>	<b>12%</b>	<b>1,316</b>	<b>6%</b>	<b>2,290</b>	<b>19%</b>
DOs w/active licenses and ABMS cert	22,282	38%	1,476	31%	662	50%	456	20%
DOs w/active licenses and AOA-BOS cert*	23,915	41%	1,980	41%	540	41%	939	41%

Sources: FSMB, ABMS, and \*extrapolations from Ayres et al. JAOA. 2009 Mar; 109(3):181-90

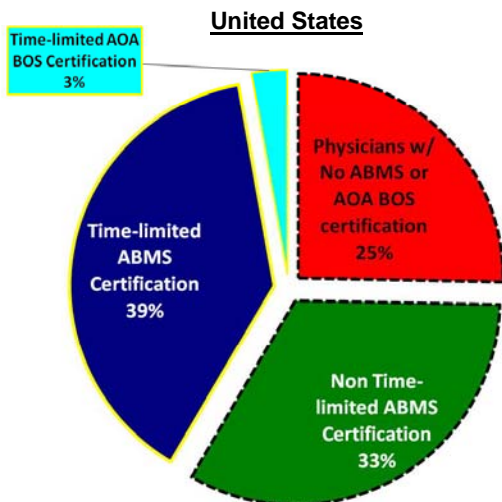


## Age Groups for United States, Ohio, Wisconsin and Oklahoma Physicians with an Active License





## ABMS and AOA Re-Certification Estimates



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## License Renewal & CME

- **63 jurisdictions require CME**
- **Little specificity regarding relevance to practice**
  - 14 boards (in 12 states) require some link of CME to practice area (e.g., pain management, geriatric medicine, osteopathic medicine)
- **Requirements vary across jurisdictions**
  - Number of required CME hours (20-50/year)
  - 24 jurisdictions (in 18 states) have content-specific requirements (e.g., end-of-life care, HIV/AIDS, domestic violence, pain mgmt, ethics)

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## License Renewal & CME (cont'd)

- Many states audit licensees for CME compliance
- Certificates/awards accepted as documentation
  - AMA PRA Certificate (30 boards)
  - AMA PRA Application (21)
  - ABMS (27) / AOA (17)
  - State medical society (11)
  - National specialty society (6)
  - Completion of GME residency/fellowship (34)
- Failure to comply with CME requirements
  - Fines, reprimand, additional CME

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## How New MOL Framework Relates to CME

- CME is an essential component of continuous professional learning and development
- Component One – uses established CME system to ease transition
- Information gained from participation in the three components of MOL will direct physician's participation in future, ongoing CME activities

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## **MOL Component One: Reflective Self-Assessment**

**“State medical and osteopathic boards should require each licensee to complete certified and/or accredited CME, a majority of which is practice-relevant and supports performance improvement.”**

**– IG Report January, 2011**



## **MOL Component One: Begin with Established CME System**

- **Self-directed, objectively verifiable learning activities**
- **Early success – builds momentum for MOL Components Two and Three**
- **Known and familiar – uses existing resources and infrastructure**
- **Buy-in over time – provides opportunities to develop even more effective CPD activities**



## How MOL May Impact CME Requirements for License Renewal

- States that do not currently require CME may implement CME requirements
- CME should be practice-relevant
- CME should have a demonstrable impact on physician practice/patient care and should identify and therefore facilitate remediation of identified practice needs



## What Does MOL Need From CMEs?

- CMEs that help improve patient care and physician practice
  - Content related to scope
  - Address care “gaps”
  - Tools and strategies to apply information that is based on best practice and objective evidence
  - Acceptable outcome measurements



## **ACCME Accreditation Criteria for CME Activities Align with MOL**

- Educational needs on the basis of physicians' own professional practice gaps
- Content matches scope of practice
- Evidence-based content
- Designed to change physician's abilities or skills, performance, or patient outcomes
- Acceptable outcome measures to monitor change



## **Collaboration with ACCME/CME Community**

- MOL component and ACCME criteria alignment
- Organizational alignment
- Communication/Outreach cooperation
- Standardization (Comparability) of CME activities
- ACCME/CME attestation
- Data Collection/ Integration/ Storage/ Transfer/ Analysis
- Solutions/ Evolutions



## Future Direction

- **MOL will be an evolving program and will take time and attention to be fully realized nationwide**
- **Ultimate Goals:**
  - **Assess physicians in the context of their practice and patient population**
  - **Demonstrate their effort and success in measurably improving their patient care processes and outcomes**
  - **Shift profession to a culture of objective and continuous improvement in a constructive and verifiable manner**

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## Next Steps

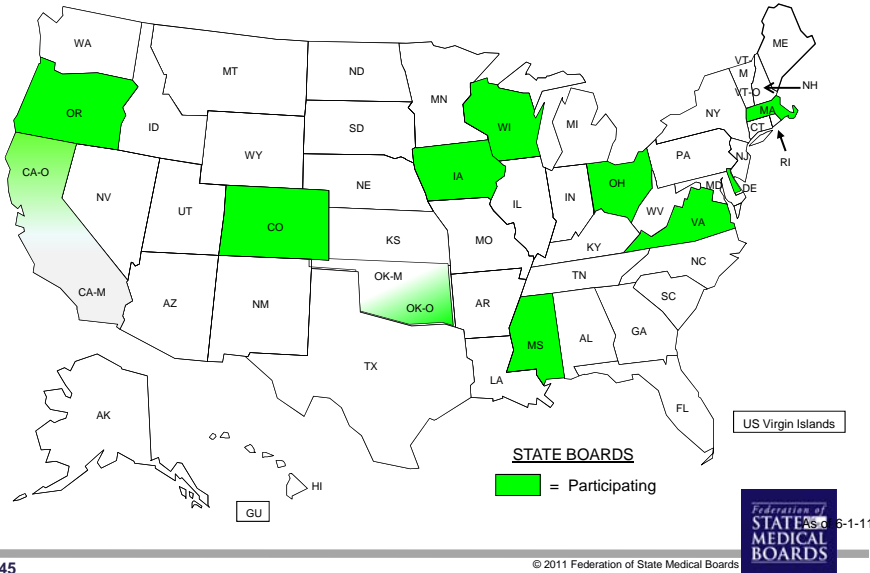
- **Pilot Projects**
  - **11 state boards have expressed interest**
  - **Conduct projects that will advance understanding of the process, structure and resource requirements necessary to develop an effective and comprehensive MOL system**
  - **Goal: Two dozen pilots overall, with implementation of 7-8 in the first phase of pilots beginning in early 2012**

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## MOL Pilot States



## Pilot Projects

- **Licensing systems**
- **Continuous professional development systems**
- **MOL systems**

## MOL Pilot Systems

- **Open**
  - Wide variety of tools and options
  - Multiple providers
- **Closed**
  - 3 or more organizations develop full service specific system
  - Central repository
  - Restricted program selection
- **Hybrid**
  - Open and closed elements
  - Standardized and centralized components

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## MOL Contact

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## **Questions and Discussion**

