MOC FAQs

MOC Requirements

- **What happens when a pathologist (2006 diplomate, for example) does not comply with MOC requirements?**

  Answer: (as of June 6, 2011) ABP was still working on exact details. However, the decision was made that by the end of 2011, certificates of 2006 diplomates who are not caught up with their reporting (i.e. did not report in 2006 and/or 2008) will expire. ABP is still compiling this list and will notify candidates by certified mail where possible (pending correct demographic information in the ABP database). At that time, these individuals will be reported to ABMS as not certified and not participating in MOC.

  Once a certificate has expired, an individual will have 5 years during which he/she can regain his/her certificate by catching up with all MOC requirements. After 5 years, he/she will have to take the initial certification examination again.

Primary Certificates

- **Can I choose to recertify in only AP or CP?**

  Answer: Yes. You have the option to choose which general board certification you would like to recertify. You may choose to limit your maintenance of certification activities (including the cognitive assessment) to one area (AP or CP). Your new board certificate will reflect your choice.

Multiple sub-specialty certifications

- **Do I need to re-certify for my specialty boards?**

  Answer: Yes. All ABP certificates issued in 2006 or later are time-limited and subject to the MOC requirements for re-certification.

Other Questions

- **Can pathologists qualify for the additional 0.5% payment incentive for participating in the MOC incentive programs through the Medicare Physician Quality Reporting System (PQRS, formerly known as PQRI)?**

  Answer: (as of 6/13/11) Not at this time. The ABP’s MOC program was developed with different requirements than the criteria outlined in the ACA for a qualified MOC program.

  The ACA defines a qualified MOC program as one that:

  - Includes an initial assessment of an EP's practice that is designed to demonstrate the physician's use of evidence-based medicine;
Includes a survey of patient experience with care; and

Requires a physician to implement a quality improvement intervention to address a practice weakness identified in the initial assessment and then to re-measure to assess performance after such intervention.

There are four components to the ABP’s MOC Part IV (Performance in Practice) requirements—peer attestations, documentation that the pathologist works in an accredited lab, lab participation in an inter-laboratory performance improvement and QA program, and the individual pathologist must participate in at least one lab PI/QA activity per year. The ABP accepts a variety of activities for the last component, and does not require a “practice assessment” including demonstration of evidence-based medicine, survey of patient experience, and implementation of a QI intervention as mandated by CMS.

- **How long will my re-certification be valid?**

  Answer: The ABP MOC process is based upon a 10 year cycle. You will be required to re-certify every 10 years and will be issued a new, time-limited certificate provided you meet all the requirements within each 10 year period.

- **How much CME is required per year?**

  Answer: The ABP MOC requirements are based upon a two year reporting cycle. The requirements state that you must complete an average of 35 CME each year and report a total of 70 CME every two years. Of this CME, 20 hours of CME credit, each two year period, must be SAM eligible.

- **What happens if someone should fail?**

  Answer: (as of 12/27/2010) There are slightly different approaches depending when you completed residency or fellowship training:

  For candidates who complete residency and/or fellowship training on or after January 1, 2008, the following policy applies:

  a. An AP/CP candidate who is not successful in passing both AP and CP examinations in five attempts (each) during his/her period of qualification must obtain an additional year of training in the area(s) in which he/she is unsuccessful before re-applying for the examination.

  b. A subspecialty candidate who is not successful in passing the subspecialty examination during his/her period of qualification must obtain at least an additional 6 months of training in an ACGME-accredited fellowship in the subspecialty before re-applying for the examination.

  For candidates who complete residency and/or fellowship training prior to January 1, 2008, the following policy will apply:
a. Once the initial period of primary or subspecialty qualification has terminated, candidates who have been unsuccessful in the required examination(s) may apply for one additional period of qualification based on submission of documentation of 2 years of full-time experience in the area(s) in which the candidate was unsuccessful; or

b. Candidates may apply for one additional period of qualification based on satisfactory completion of 1 additional year of training in an ACGME-accredited training program in the area(s) in which the individual was unsuccessful. The first and second periods of qualification must be consecutive – i.e. candidates must apply to begin the second period of qualification immediately upon termination of the first period.

c. Candidates who continue to be unsuccessful in certification examinations may apply for an additional period of qualification based on satisfactory completion of 1 additional year of training (for primary certification) or 6 months additional training (for subspecialty certification) in an approved position in an ACGME-accredited training program in the area(s) in which the candidate was unsuccessful.